


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90014 028 \*\*\*\*61.25

DOCUMENT # N95000000734					
1. Entity Name HOMEOWNERS' ASSOCIATION OF EAGLE POINT, INC.					
Principal Place of Business 7603 EAGLE POINT DR DELRAY BEACH, FL 33446 US		Mailing Address 500 N.E. SPANISH RIVER BLVD SUITE #18 BOCA RATON, FL 33431 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0646131	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD BOCA RATON, FL 33431			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOFIELD, SUZY		NAME	FLEMING, CHARLES	
STREET ADDRESS	7540 EAGLE POINT DR., #36		STREET ADDRESS	7616 EAGLE POINT DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTAGUE, ANDREW		NAME	GOLUB, JACK	
STREET ADDRESS	7668 EAGLE POINT DR. #4		STREET ADDRESS	7603 EAGLE POINT DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	2TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUNSHAFT, KATHRYN		NAME	BUONAGURO, PAUL	
STREET ADDRESS	7519 EAGLE POINT DR., #50		STREET ADDRESS	7619 EAGLE POINT DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPECK, JOHN		NAME	AMBRICO, SALVATORE	
STREET ADDRESS	7612 EAGLE POINT DR., #18		STREET ADDRESS	7599 EAGLE POINT DRIVE	
CITY-ST-ZIP	DELRAY BCH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURSCA, VINCENZA		NAME		
STREET ADDRESS	7584 EAGLE POINTE DR., #25		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33446		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, HILL		NAME	HERRING, JILL	
STREET ADDRESS	7575 EAGLE POINT DR., #53		STREET ADDRESS	7575 EAGLE POINT DRIVE	
CITY-ST-ZIP	DELRAY BCH, FL 33446		CITY-ST-ZIP	DELRAY BEACH, FL 33446	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Charles Fleming</i>		Date: 3/2/04		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					