


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90103 044 ****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		4. FEI Number 65-0646131	
Zip		Country		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, 2006		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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, CHARLES			NAME	<i>D Koch, Ronald</i>
STREET ADDRESS	7616 EAGLE POINT DRIVE			STREET ADDRESS	<i>7620 Eagle Point Drive</i>
CITY-ST-ZIP	DELRAY BEACH, FL 33446			CITY-ST-ZIP	<i>Delray Beach, FL 33446</i>
TITLE	VTD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLUB, JACK			NAME	<i>Golub, Alice</i>
STREET ADDRESS	7603 EAGLE POINT DRIVE			STREET ADDRESS	<i>7603 Eagle Point Drive</i>
CITY-ST-ZIP	DELRAY BEACH, FL 33446			CITY-ST-ZIP	<i>Delray Beach, FL 33446</i>
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUONAGURO, PAUL			NAME	<i>D Aluisi, Luiz</i>
STREET ADDRESS	7619 EAGLE POINT DRIVE			STREET ADDRESS	<i>7608 Eagle</i>
CITY-ST-ZIP	DELRAY BEACH, FL 33446			CITY-ST-ZIP	<i>Delray Beach, FL 33446</i>
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBRICO, SALVATORE			NAME	
STREET ADDRESS	7599 EAGLE POINT DRIVE			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 33446			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRING, HILL			NAME	
STREET ADDRESS	7575 EAGLE POINT DR., #53			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 33446			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAVER, JOE			NAME	
STREET ADDRESS	7528 EAGLE POINT DR			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33446			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 R. Fleming</i>				Date: <i>4/18/06</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small> <i>561-638-1814</i>	

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