


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90254 019 \*\*\*\*61.25

<b>DOCUMENT # N95000000734</b>	
1. Entity Name <b>HOMEOWNERS' ASSOCIATION OF EAGLE POINT, INC.</b>	

Principal Place of Business <b>500 NE SPANISH RIVER BLVD. STE. BOCA RATON, FL 33431 US</b>	Mailing Address <b>500 N.E. SPANISH RIVER BLVD SUITE #18 BOCA RATON, FL 33431 US</b>
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40097258



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01152008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD BOCA RATON, FL 33431</b>		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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLEMING, CHARLES</b>	NAME	<b>FLEMING, CHARLES</b>
STREET ADDRESS	<b>7616 EAGLE POINT DRIVE</b>	STREET ADDRESS	<b>7616 EAGLE POINT DR</b>
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>	CITY-ST-ZIP	<b>DELRAY BCH, FL 33446</b>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KOCH, RONALD</b>	NAME	<b>LEVIN, MORTON</b>
STREET ADDRESS	<b>7620 EAGLE POINT DRIVE</b>	STREET ADDRESS	<b>7640 EAGLE POINT DR</b>
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>	CITY-ST-ZIP	<b>DELRAY BCH, FL 33446</b>
TITLE	PTD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOLUB, ALICE</b>	NAME	<b>GOLUB, ALICE</b>
STREET ADDRESS	<b>7603 EAGLE POINT DRIVE</b>	STREET ADDRESS	<b>7603 EAGLE POINT DR</b>
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>	CITY-ST-ZIP	<b>DELRAY BCH, FL 33446</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AMBRRICO, SALVATORE</b>	NAME	<b>GERSTENBERG, ROY</b>
STREET ADDRESS	<b>7599 EAGLE POINT DRIVE</b>	STREET ADDRESS	<b>7552 EAGLE POINT DR.</b>
CITY-ST-ZIP	<b>DELRAY BCH, FL 33446</b>	CITY-ST-ZIP	<b>DELRAY BCH, FL 33446</b>
TITLE	SD <input type="checkbox"/> Delete	TITLE	<del>MORCONE</del> SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRING, HILL</b>	NAME	<b>HERRING, JILL</b>
STREET ADDRESS	<b>7575 EAGLE POINT DR., #53</b>	STREET ADDRESS	<b>7575 EAGLE POINT DR #53</b>
CITY-ST-ZIP	<b>DELRAY BCH, FL 33446</b>	CITY-ST-ZIP	<b>DELRAY BCH FL</b>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALUISI, LUIZ</b>	NAME	<b>MORCONE, ROCCO</b>
STREET ADDRESS	<b>7608 EAGLE</b>	STREET ADDRESS	<b>7547 EAGLE POINT DR.</b>
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>	CITY-ST-ZIP	<b>DELRAY BCH, FL 33446</b>

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.

<b>SIGNATURE:</b> <i>Alice Golub</i>	<b>ALICE GOLUB</b>	<b>4/29/08</b>	<b>561-573-6939</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #