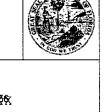
2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # N95000001437

1. Entit# Name

EAGLES POINT AT THE LANDINGS II CONDOMINIUM ASSOCIATION, INC.



FILED May 09, 2006 8:00 am Secretary of State

05-09-2006 90070 015 ****61 25

Principal Place of Business Mailing Address EAGLES POINT II CASEY MANAGEMENT 5430 EAGLES POINT CIR. 4370 S. TAMIAMI TR. #1₺₺ SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 102 Applied For City & State City & State 4. FEI Number 65-0584332 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASEY CONDOMINIUM MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 4370 S. TAMIAMI TRAIL STE 102 SARASOTA FL 34231 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 agents SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition STONE, JUDITH NAME NAME 5430 EAGLES POINT CIRCLE # 103 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE Channe Addition BROWN, JEAN NAME NAME STREET ADDRESS 5430 EAGLES POINT CIRCLE # 102 STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition VPB. NAME LEHRMAN, NATE NAME OWEN, CALVIN 5430 EAGLES POINT CIRCLE, #203 5430 EAGLES POINT CIRCLE # 201 STREET ADDRESS STREET ADDRESS CITY-ST-7IF SARASOTA FL 34231 CITY-ST-7IP SARASOTA, FL 34231 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: oul 0-6