

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001437

FILED
Apr 06, 2009
Secretary of State

Entity Name: EAGLES POINT AT THE LANDINGS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

EAGLES POINT II
5430 EAGLES POINT CIR.
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

CASEY MANAGEMENT
4370 S. TAMIAMI TR. #102
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 65-0584332 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CASEY CONDOMINIUM MANAGEMENT
4370 S. TAMIAMI TRAIL
#102
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEIS, DAVID
Address: 5430 EAGLES POINT CIR #403
City-St-Zip: SARASOTA, FL 34231

Title: STD () Delete
Name: SHURBERG, MARGERY
Address: 5430 EAGLES POINT CIRCLE, #202
City-St-Zip: SARASOTA, FL 34231

Title: VPD () Delete
Name: OWEN, CALVIN
Address: 5430 EAGLES POINT CIRCLE #203
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: DONALDSON, WILLIAM
Address: 5430 EAGLES POINT CIRCLE, #104
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM DONALDSON

STD

04/06/2009

Electronic Signature of Signing Officer or Director

Date