

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90011 001 ****61.25

DOCUMENT # N96000000392

1. Entity Name
EAGLE POINT ELEMENTARY FOUNDATION, INC.



Principal Place of Business

**100 INDIAN TRACE
WESTON, FL 33326**

Mailing Address

**100 INDIAN TRACE
WESTON, FL 33326**

00019583



01162007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-0640653

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SISKIND, AMY
530 CARRINGTON DRIVE 137 Dockside Terrace
FORT LAUDERDALE, FL 33326 Weston, FL 33327**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SISKIND, AMY
STREET ADDRESS 137 DOCKSIDE TERRACE
CITY-ST-ZIP WESTON, FL 33327

TITLE VD
NAME ONOFRIO, HEIDI D
STREET ADDRESS 470 CARRINGTON DR
CITY-ST-ZIP WESTON, FL 33326

TITLE TD
NAME MARTIN, MEGAN
STREET ADDRESS 608 STANTON DR
CITY-ST-ZIP WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #