

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000392

1. Entity Name
EAGLE POINT ELEMENTARY FOUNDATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 17 AM 8:02

Principal Place of Business
100 INDIAN TRACE
WESTON, FL 33326

Mailing Address
100 INDIAN TRACE
WESTON, FL 33326



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

08072008 Chg-NP CR2E037 (12/06)

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
137 DOCKSIDE TERRACE
WESTON, FL 33327

7. Name and Address of New Registered Agent

Name
Heidi D'Onofrio
Street Address (P.O. Box Number is Not Acceptable)
470 Carrington Dr
City
Weston FL Zip Code
33326

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 Heidi D'Onofrio Heidi D'Onofrio, President 8/8/08
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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SISKIND, AMY	
STREET ADDRESS	137 DOCKSIDE TERRACE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ONOFRIO, HEIDI D	
STREET ADDRESS	470 CARRINGTON DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, MEGAN	
STREET ADDRESS	608 STANTON DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	D'Onofrio, Heidi	
STREET ADDRESS	470 Carrington Dr	
CITY-ST-ZIP	Weston FL 33326	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	Elgart, Kim	
STREET ADDRESS	400 Carrington Dr	
CITY-ST-ZIP	Weston FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	500136148265	
STREET ADDRESS	09/19/08--01038--024 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
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, changed, or on an attachment with an address, with all other like empowered.

Heidi D'Onofrio