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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003556 (5)

1. Corporation Name

EAGLE POINT COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5505 N.W. 48TH PLACE
SUITE A
GAINESVILLE FL 32606

5505 N.W. 48TH PLACE
SUITE A
GAINESVILLE FL 32606-4314

3. Date Incorporated or Qualified
07/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 2830 NW 41st St.

2a. Mailing Address

26 P.O. Box 147050-30

4. FEI Number

59-3425410

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite F

Suite, Apt. #, etc.

27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

23 Gainesville, FL.

City & State

28 Gainesville, FL.

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

Zip

24 32606

Country

25

Zip

29 32614-7050

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, THOMAS A
5505 N.W. 48TH PLACE
SUITE A
GAINESVILLE FL 32606

81 Name

Smith, Beverly K.

82 Street Address (P.O. Box Number is Not Acceptable)

2830 NW 41st St.

83

Suite F

84 City

Gainesville

FL

85 Zip Code

32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-27-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME ROBINSON, THOMAS A
STREET ADDRESS 5505 N.W. 48TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE FL 32606

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME SHORE, FREDRIC R
STREET ADDRESS 5505 N.W. 48TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE FL 32606

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME BOWERS, PAUL
STREET ADDRESS 5505 N.W. 48TH PLACE, SUITE A
CITY-ST-ZIP GAINESVILLE FL 32606

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

4/11/97
Date

352-371-1992
Daytime Phone #0010000

CR2E037 (9/96)