

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-14-2001 90090 018 ****61.25

DOCUMENT # N96000003556

1. Entity Name

EAGLE POINT COMMUNITY ASSOCIATION, INC.

(LA)

Principal Place of Business Mailing Address
 2830 NW 41ST ST 2830 NW 41ST ST
 STE F STE F
 GAINESVILLE FL 32606 GAINESVILLE FL 32606
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3425410 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPPE, PAT
 2830 NW 41ST ST
 STE F
 GAINESVILLE FL 32606

Name Trippe, Pat
 Street Address (P.O. Box Number is Not Acceptable)
4400 NW 34th Ave
 City Gainesville FL Zip Code 32606

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.

SIGNATURE *Pat Trippe* PAT TRIPPE 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **ROBINSON, THOMAS A**
 STREET ADDRESS **5800 NW 39TH AVE, SUITE 101**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** Change Addition
 NAME **Schwaller, Pat**
 STREET ADDRESS **1615 NW 84th Terrace**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** Delete
 NAME **SHORE, FREDRIC R**
 STREET ADDRESS **5800 NW 39TH AVE, SUITE 101**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** Change Addition
 NAME **King, Connie**
 STREET ADDRESS **1050 NW 84th Drive**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** Delete
 NAME **BOWERS, PAUL**
 STREET ADDRESS **5800 NW 39TH AVE, SUITE 101**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** Change Addition
 NAME **Brackins, Tori**
 STREET ADDRESS **1004 NW 90th Drive**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** Delete
 NAME **Bechtold, Al**
 STREET ADDRESS **8814 NW 11th Place**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** Change Addition
 NAME **Asmus, Mike**
 STREET ADDRESS **1509 NW 90th Terrace**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** Delete
 NAME **Hampton, Arline**
 STREET ADDRESS **1016 NW 84th Terrace**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** Change Addition
 NAME **[Crossed out]**
 STREET ADDRESS **[Crossed out]**
 CITY-ST-ZIP **[Crossed out]**

TITLE **D** Delete
 NAME **Cumbo, Adam**
 STREET ADDRESS **8818 NW 10th Place**
 CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **D** Change Addition
 NAME **[Crossed out]**
 STREET ADDRESS **[Crossed out]**
 CITY-ST-ZIP **[Crossed out]**

12. I 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 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: *Al Bechtold* **ADDED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-30-01 Daytime Phone #

CR2E037 (10/00)