


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90010 010 ****61.25

DOCUMENT # N96000003556

1. Entity Name
EAGLE POINT COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**C/O MANAGEMENT SPECIALISTS
 4400 NW 36TH AVENUE
 GAINESVILLE, FL 32606 US**

Mailing Address
**C/O MANAGEMENT SPECIALISTS
 4400 NW 36TH AVENUE
 GAINESVILLE, FL 32606 US**



2. Principal Place of Business
108-B NW 76th Dr.
 Suite, Apt. #, etc.

3. Mailing Address
108-B NW 76th Dr.
 Suite, Apt. #, etc.

01092004 Chg-NP CR2E037 (10/03)

City & State
Gainesville FL.

City & State
Gainesville, FL.

Zip
32607

Country
Alachua.

Zip
32607

Country
Alachua.

4. FEI Number
59-3425410

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TRIPPE, PAT
 4400 NW 36TH AVE
 GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

Name
Bosshardt Property Management

Street Address (P.O. Box Number is Not Acceptable)
108-B NW 76th Dr.

City
Gainesville

FL

Zip Code
32607.

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.

Richard Tenaglia.

SIGNATURE *Richard Tenaglia* for **Bosshardt P/management** **1/9/2004**

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, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, LEVI 9015 NW 9TH LANE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNEIL, JUDITH 1323 NW 89 TERRACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRACKINS, TORI 1004 NW 90TH DRIVE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITZI, DERRY 1044 NW 90 DR. GAINESVILLE, FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WORNICK, TINA 8813 NW 10 PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAGNER, BRANDON 1524 NW 89 AVE. GAINESVILLE, FL 32606	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO. Chuck Choba. 1009 NW 90th Dr. Gainesville, FL 32606.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Levi R. Johnson* **1-9-04.** **332-8939.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #