


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90307 043 ****61.25

DOCUMENT # N96000003556

1. Entity Name
EAGLE POINT COMMUNITY ASSOCIATION, INC.



Principal Place of Business C/O MANAGEMENT SPECIALISTS 108-B NW 76TH DR GAINESVILLE, FL 32607 US	Mailing Address C/O MANAGEMENT SPECIALISTS 108-B NW 76TH DR GAINESVILLE, FL 32607 US
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Principal place of business 5522-B NW 43rd Street city & state Gainesville, FL Zip 32653 County Alachua	Mailing Address 5522-B NW 43rd Street city & state Gainesville, FL Zip 32653 County Alachua
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01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3425410	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

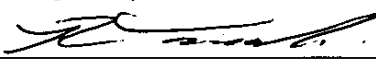
**BOSSHARDT PROPERTY MANAGEMENT
 108-B NW 76TH DR
 GAINESVILLE, FL 32607**

7. Name and Address of New Registered Agent

Name
Richard A. Tenaglia
c/o Bosshardt Property Mgt.
5522-B NW 43rd Street
Gainesville, FL 32653

Zip Code

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  DATE **2/10/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	JOHNSON, LEVI 9015 NW 9TH LANE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE TD	Tori Brackins 1004 NW 90th Drive Gainesville, FL 32606. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	MCNEIL, JUDITH 1323 NW 89 TERRACE GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE D	Judy McNeil 1323 NW 89th Terr Gainesville, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD	CHOBA, CHUCK VD 1009 NW 90TH DR GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	MITZI, DERRY 1044 NW 90 DR. GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	WORNICK, TINA 8813 NW 10 PLACE GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	WAGNER, BRANDON 1524 NW 89 AVE. GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME	<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:  DATE **3/1/05** DAYTIME PHONE # **352-332-7878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR