


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90198 045 \*\*\*\*61.25

**DOCUMENT # N96000003556**

1. Entity Name  
**EAGLE POINT COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**5522 N NW 43RD STREET**  
**SUITE B**  
**GAINESVILLE, FL 32653 US**

Mailing Address  
**5522 N NW 43RD STREET**  
**SUITE B**  
**GAINESVILLE, FL 32653 US**

**40086030**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04172007 Chg-NP CR2E037 (12/06)

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**  
 RHINESMITH, PATRICIA  
 C/O BOSSHARDT PROPERTY MGT  
 5522 NW 43RD STREET SUITE B  
 GAINESVILLE, FL 32653

**7. Name and Address of New Registered Agent**  
 Name **CAROL MORALES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**96 BOSSHARDT PROPERTY MANAGEMENT INC**  
**5522 NW 43 ST STE B**  
 City **GAINESVILLE** FL Zip Code **32653**

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 *Carol Morales* **CAROL MORALES** **4-18-07**  
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, 2007**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME JOHNSON, LEVI	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME RICH ALMOND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 9015 NW 9TH LANE	CITY-ST-ZIP GAINESVILLE, FL 32606		STREET ADDRESS 1019 NW 90 DR.	CITY-ST-ZIP GAINESVILLE, FL 32606	
TITLE TD	NAME BRACKINS, TORI	<input type="checkbox"/> Delete	TITLE SD	NAME TORI BRACKINS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1004 NW 90 DRIVE	CITY-ST-ZIP GAINESVILLE, FL 32606		STREET ADDRESS 1004 NW 90 DR	CITY-ST-ZIP GAINESVILLE, FL 32606	
TITLE VPD	NAME CHOPA, CHUCK VD	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME JIM COOPER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1009 NW 90TH DR	CITY-ST-ZIP GAINESVILLE, FL 32606		STREET ADDRESS 1143 NW 89 DR.	CITY-ST-ZIP GAINESVILLE, FL 32606	
TITLE D	NAME MITZI, DERRY	<input checked="" type="checkbox"/> Delete	TITLE D	NAME DOROTHY MCGINNIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1044 NW 90 DR.	CITY-ST-ZIP GAINESVILLE, FL 32606		STREET ADDRESS 1313 NW 89 TERR.	CITY-ST-ZIP GAINESVILLE, FL 32606	
TITLE D	NAME MCNEIL, JUDY	<input type="checkbox"/> Delete	TITLE D	NAME CHRIS COBURN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1323 NW 89TH TERR	CITY-ST-ZIP GAINESVILLE, FL 32606		STREET ADDRESS 1029 NW 90 DR	CITY-ST-ZIP GAINESVILLE, FL 32606	
TITLE SD	NAME WAGNER, BRANDON	<input type="checkbox"/> Delete	TITLE TD	NAME BRANDON WAGNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1524 NW 89 AVE.	CITY-ST-ZIP GAINESVILLE, FL 32606		STREET ADDRESS 1524 NW 89 AVE.	CITY-ST-ZIP GAINESVILLE, FL 32606	

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Brandon Wagner* **4-23-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
40086030

Eagle Point Community Association Inc.

N96000003556

Continuation of Line 11

D  
Fred Andree  
9027 NW 16 Avenue  
Gainesville, FL 32606