

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90389 026 \*\*\*\*61.25

0010324

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3425410**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
4400 NW 36TH AVE  
GAINESVILLE FL 32606**

Name

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

City

**FL**

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHWALLER, PAT</b>	
STREET ADDRESS	<b>1615 NW 89TH TERR.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KING, CONNIE</b>	
STREET ADDRESS	<b>1050 NW 89TH DRIVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRACKINS, TORI</b>	
STREET ADDRESS	<b>1004 NW 90TH DRIVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ASMUS, MIKE</b>	
STREET ADDRESS	<b>1509 NW 90TH TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAMPTON, ARLINE</b>	
STREET ADDRESS	<b>1016 NW 86TH TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CUMBO, ADAM</b>	
STREET ADDRESS	<b>8818 NW 10TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Johnson, Levi</b>	
STREET ADDRESS	<b>9015 NW 9th Lane</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brackins, Tori</b>	
STREET ADDRESS	<b>1004 NW 90 Dr</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>McNeil Judith</b>	
STREET ADDRESS	<b>1323 NW 89 Terrace</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Derry Mitzi</b>	
STREET ADDRESS	<b>1044 NW 90 Dr.</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wornick, Tina</b>	
STREET ADDRESS	<b>8813 NW 10 Place</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wagner, Brandon</b>	
STREET ADDRESS	<b>1524 NW 89 Avenue</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	

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 Johnson **SIGNATURE REQUIRED**

**3/4/03 (352) 3328439**

CR2E037 (10/02)