
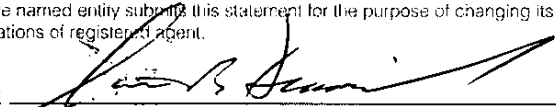


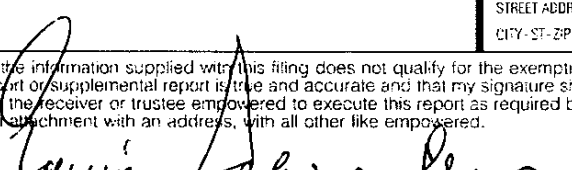
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90037 037 ****61.25

DOCUMENT # N96000005248					
1. Entity Name EAGLES POINT AT THE LANDINGS III CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 5440 EAGLES POINT CIRCLE SARASOTA FL 34231			Mailing Address CASEY MANAGEMENT 4370 S. TAMiami TRAIL #102 SARASOTA FL 34231 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0709668	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASEY CONDOMINIUM MANAGEMENT 4370 S. TAMiami TRAIL #158 #102 STE 102 SARASOTA FL 34231			7. Name and Address of New Registered Agent 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  </div> <div style="width: 40%; text-align: right;"> 4/20/08 </div> <div style="width: 20%; text-align: right;"> DATE </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME PERROT, PAUL STREET ADDRESS 5440 EAGLES POINT CIR. #305 CITY - ST - ZIP SARASOTA FL 34231	<input type="checkbox"/> Delete		TITLE STD NAME ROWEN, ROGER STREET ADDRESS 5440 EAGLES POINT CIR. # 303 CITY - ST - ZIP SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME RADMAN, DAN STREET ADDRESS 5440 EAGLES POINT CIRCLE #103 CITY - ST - ZIP SARASOTA FL 34231	<input type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME SCHREIBER, EDWIN STREET ADDRESS 5440 EAGLES POINT CIRCLE #301 CITY - ST - ZIP SARASOTA FL 34231	<input type="checkbox"/> Delete		TITLE VPD NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained in Section 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:  4/20/08 941-922-3391