


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90001 029 ****61.25

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1. Entity Name
C.A.U. EAGLES POINTE, INC.



Principal Place of Business
**3501 TOWNSEND BLVD
 JACKSONVILLE, FL 32277 US**

Mailing Address
**1090 VERMONT AVENUE, N.W.
 SUSITE 400
 WASHINGTON, DC 20005 US**

54060722



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
31-1484299

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301-2525**

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.

SIGNATURE _____ DATE _____
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, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MEHRETEAB, GHEBRE S <input type="checkbox"/> Delete 1090 VERMONT AVENUE, N.W., SUITE 400 WASHINGTON, DC 20005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, VP, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard A. Gollub 1090 Vermont Avenue, NW, Suite 400 Washington, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete HOFFER, JOHN G III 1090 VERMONT AVENUE, N.W., SUITE 400 WASHINGTON, DC 20005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ghebre S. Mehreteab
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input type="checkbox"/> Delete WIEDORFER, JOSEPH P JR 1090 VERMONT AVENUE, N.W., SUITE 400 WASHINGTON, DC 20005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRYANT, JAMES S JR 600 WHARFSIDE WAY JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DANFORD, RICHARD J 233 W DUVAL ST - 14TH FL JACKSONVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FRICK, STEPHEN A 9428 BAYMEADOWS ROAD, SUITE 121 JACKSONVILLE, FL 32256	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: Richard A. Gollub **Richard A. Gollub** 7-7-04 202-789-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #