

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N96000005532

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

Current Principal Place of Business:

3501 TOWNSEND BLVD
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1220 EAST 42ND STREET
SUITE 3605
NEW YORK, NY 10168 US

FEI Number: 31-1484299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MEHRETEAB, GHEBRE S
Address: 122 EAST 42ND STREET, SUITE 3605
City-St-Zip: NEW YORK, NY 10168

Title: DVS () Delete
Name: WIEDORFER, JOSEPH P
Address: 1090 VERMONT AVENUE, N.W., SUITE 400
City-St-Zip: WASHINGTON, DC 20005

Title: D () Delete
Name: VACCARO, THOMAS
Address: 122 EAST 42ND STREET, SUITE 3605
City-St-Zip: NEW YORK, NY 10168

Title: D () Delete
Name: POUGH, GLADYS
Address: 3501 TOWNSEND BLVD., APT 253
City-St-Zip: JACKSONVILLE, FL 32277

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: HOPPS, GLENN F
Address: 122 EAST 42ND ST STE 3605
City-St-Zip: NEW YORK, NY 10168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS VACCARO

VP

04/06/2009

Electronic Signature of Signing Officer or Director

Date