2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N98000001604

Entity Name: EAGLES POINT AT THE LANDINGS IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

EAGLES POINT IV
4540 EAGLES POINT CIR.
SARASOTA, FL 34231 US

New Principal Place of Business:

4540 EAGLES POINT CIR.
SARASOTA, FL 34231 US

Current Mailing Address:

CASEY MANAGEMENT
4370 S TAMIAMI TR #102
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 65-0854744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASEY CONDOMINIUM MANAGEMENT
4370 S. TAMIAMI TRAIL
#102
SARASOTA, FL 34231 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: D ( ) Delete
Name: WENDELL, COLIN
Address: 5450 EAGLES POINT CIRCLE #302
City-St-Zip: SARASOTA, FL 34231

Title: PD ( ) Delete
Name: CRIPPS, DAVID
Address: 5450 EAGLES POINT CIRCLE #201
City-St-Zip: SARASOTA, FL 34231

Title: SDTD ( ) Delete
Name: WEBER, TERESA
Address: 5450 EAGLES POINT CIRCLE #101
City-St-Zip: SARASOTA, FL 34221

Title: VD (X) Delete
Name: WINDOM, ROBERT
Address: 5450 EAGLES POINT CIRCLE #403
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Delete
Name: NIMPTSCH, KLAUS
Address: 5450 EAGLES POINT CIRCLE #103
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: WENDELL, COLIN
Address: 5450 EAGLES POINT CIRCLE #302
City-St-Zip: SARASOTA, FL 34231

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

Title: VD (X) Change ( ) Addition
Name: WINDOM, ROBERT
Address: 5450 EAGLES POINT CIR. #403
City-St-Zip: SARASOTA, FL 34231

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

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

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: DAVID CRIPPS PD 04/06/2009

Electronic Signature of Signing Officer or Director — Date