

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004391

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** THE ENCLAVE AT EAGLES POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ENCLAVE & EAGLES POINT  
EAGLES POINT CIRCLE  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

EAGLES POINT CIR  
SARASOTA, FL 34231 US

**Current Mailing Address:**

CASEY MANAGEMENT  
4370 S TAMIAMI TR #156  
SARASOTA, FL 34231 US

**New Mailing Address:**

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

**FEI Number:** 65-0874217

**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  
SUITE 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: VPD ( ) Delete  
Name: ZINN, GERALDINE  
Address: 5455 EAGLES POINT CIR  
City-St-Zip: SARASOTA, FL 34231

Title: STD ( ) Delete  
Name: SCHECHTMAN, JEROME  
Address: 5453 EAGLES POINT CIRCLE  
City-St-Zip: SARASOTA, FL 34231

Title: PD ( ) Delete  
Name: OXARART, FRANK  
Address: 5457 EAGLES POINT CIRCLE  
City-St-Zip: SARASOTA, FL 34231

**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:

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: FRANK OXARART

PD

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date