

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005179

**Entity Name:** EAGLE POINTE ASSOCIATION, INC.**Current Principal Place of Business:**10221-10261 MADDOX LANE  
BONITA SPRINGS, FL 34135**Current Mailing Address:**10261 MADDOX  
OFFICE  
BONITA SPRINGS, FL 34135 US**FEI Number:** 65-0471837**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAXTER, JULIA  
10241 MADDOX LN  
UNIT 311  
BONITA SPRINGS, FL 34135 US*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:** JULIA BAXTER

01/04/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BAXTER, JULIA  
Address        10241 MADDOX LANE #311  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            HERMANSON, MICHELE  
Address        10231 MADDOX LN #221  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            CUDIH, JOHN  
Address        10251 MADDOX LANE #413  
City-State-Zip: BONITA SPRINGS FL 34135

Title            TREASURER  
Name            BAXTER, JULIA  
Address        10241 MADDOX LANE #311  
City-State-Zip: BONITA SPRINGS FL 34135

Title            SECRETARY  
Name            BAXTER, JULIA  
Address        10241 MADDOX LANE #311  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            CASEY, JERRY  
Address        10251 MADDOX LN #411  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            ELIBERO, PHIL  
Address        10231 MADDOX LN #223  
City-State-Zip: BONITA SPRINGS FL 34135

*I hereby 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 all other like empowered.*

**SIGNATURE:** JULIA C BAXTER**PRESIDENT**

01/04/2022

Electronic Signature of Signing Officer/Director Detail

Date