#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005179

Entity Name: EAGLE POINTE ASSOCIATION, INC.

FILED
Apr 13, 2017
Secretary of State
CC7224391721

## **Current Principal Place of Business:**

10261 MADDOX LANE BONITA SPRINGS. FL 34135

## **Current Mailing Address:**

10261 MADDOX LN

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 #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 04/13/2017

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

 Title
 PRESIDENT
 Title
 DIRECTOR

 Name
 BAXTER, JULIA
 Name
 BROWN, AMY

Address 10241 MADDOX LANE #311 Address 10221 MADDOX LN #121

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

TitleDIRECTORTitleTREASURERNameCUDIHY, JOHNNameBAXTER, JULIA

Address 10251 MADDOX LANE #413 Address 10241 MADDOX LANE #311

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY Title DIRECTOR
Name BAXTER, JULIA Name LANG, AL

Address 10241 MADDOX LANE #311 Address 10241 MADDOX LN #321

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name BURHANCE, JIM

Address 10241 MADDOX LN #312 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 BAXTER PRESIDENT 04/13/2017