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.	

PRESIDENT

#### SIGNATURE: ADAM GRAYSON

I

Electronic Signature of Signing Officer/Director Detail

Entity Name: EAGLE POINT COMMUNITY ASSOCIATION, INC.

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

6972 LAKE GLORIA BLVD. ORLANDO, FL 32809

## **Current Mailing Address:**

6972 LAKE GLORIA BLVD. ORLANDO, FL 32809 US

### FEI Number: 59-3425410

#### Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC. 6972 LAKE GLORIA BLVD. ORLANDO, FL 32809 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:	REBECCA FURLOW			04/15/2024
	Electronic Signature of Registered Agent			Date
Officer/Direct	or Detail :			
Title I	PRESIDENT	Title	SECRETARY	
Name (	GRAYSON, ADAM	Name	HOFFMAN, BRAD	
Address 6	6972 LAKE GLORIA BLVD.	Address	6972 LAKE GLORIA BLVD.	
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809	
Title	DIRECTOR	Title	VP	
Name S	SWAILS, JOSEPH	Name	AYRES, ROBERT	
Address 6	6972 LAKE GLORIA BLVD.	Address	6972 LAKE GLORIA BLVD.	
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809	
Title	TREASURER			
Name	VELLEKAMP, ISAAC			
Address 6	6972 LAKE GLORIA BLVD.			
City-State-Zip: 0	ORLANDO FL 32809			

# FILED Apr 15, 2024 Secretary of State 3772622833CC

Certificate of Status Desired: No

04/15/2024 Date