

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90056 044 \*\*\*\*70.00

**DOCUMENT # N30343**

1. Entity Name  
**EAGLE PRESERVE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**9690 EAGLE PRESERVE DRIVE  
ENGLEWOOD, FL 34224 US**

Mailing Address  
**9690 EAGLE PRESERVE DRIVE  
ENGLEWOOD, FL 34224 US**

44013337



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0208695**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRODE, WILLIAM C  
720 S. ORANGE AVE.  
SARASOTA, FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FATUM, JOHN H  
9911 EAGLE PRESERVE DRIVE  
PLACIDA, FL 33946** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
STANWIX, JOHN  
9711 EAGLE PRESERVE DR.  
ENGLEWOOD, FL 34224** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MOORE, DONNA  
PO BOX 1033  
BOCA GRANDE, FL 33921** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HODSON, PETER  
9600 EAGLE PRESERVE DR.  
ENGLEWOOD, FL 34224** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
FATUM, JOHN H  
P.O. BOX 3370  
PLACIDA, FL 339463370** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
SWARTZ, RICK  
P.O. BOX 397, 10051 EAGLE PRESERVE D.  
PLACIDA, FL 33946** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CRAMER, MARK  
9891 EAGLE PRESERVE DRIVE  
ENGLEWOOD, FL 34224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASD  
MOORE, DONNA  
P.O. BOX 1033  
BOCA GRANDE, FL 33921** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CURTIS, DOUG  
9881 EAGLE PRESERVE DRIVE  
ENGLEWOOD, FL 34224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/04 941-828-0132**  
Date Daytime Phone #