


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90050 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # N30343 1. Corporation Name EAGLE PRESERVE COMMUNITY ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 5660 BROOKLYN AVE SARASOTA FL 34231 US			Mailing Address 5660 BROOKLYN AVE SARASOTA FL 34231 US																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/25/1989 4. FEI Number 65-0208695 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
9. Name and Address of Current Registered Agent STRODE, WILLIAM C. 720 S. ORANGE AVENUE SUITE 1100 SARASOTA FL 34236			10. Name and Address of New Registered Agent 81 Name L.A. GREER 82 Street Address (P.O. Box Number is Not Acceptable) 5660 BROOKLYN AVE. 83 84 City SARASOTA FL 85 Zip Code 34231																																																																																																																																																		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>L.A. Greer</i> L.A. GREER 3-10-1999 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																					
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Allen Greer* **L. ALLEN GREER - P.D.S.T. 3-10-1999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L. Allen Greer

3-31-1999

CR2E037 (1/98)