

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90163 029 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

**FATUM, J.H.**

**9911 EAGLE PRESERVE DR  
ENGLEWOOD FL 33946  
CAPE HAZE,**

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

**PRESIDENT  
J. H. FATUM**

**1 APR 03**

**FILE NOW: FEE IS \$61.25**

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 **DP** ☐ Delete  
NAME **STOLFA, F.**  
STREET ADDRESS **9961 EAGLE PRESERVE DR**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **PRES.** ☒ Change ☐ Addition  
NAME **FATUM John H.**  
STREET ADDRESS **9911 EAGLE PRESERVE DR**  
CITY-ST-ZIP **P.O. Box 3370, Cape Haze 33946**

TITLE **VPD** ☐ Delete  
NAME **NOYEN, JOHN**  
STREET ADDRESS **10191 ARROW HWY DR**  
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **MOORE DONNA** ☒ Change ☐ Addition  
NAME **MOORE DONNA**  
STREET ADDRESS **P.O. Box 1033**  
CITY-ST-ZIP **BOCA GRANDE, FL 33921**

TITLE **TD** ☐ Delete  
NAME **FATUM, JOHN H**  
STREET ADDRESS **P.O. BOX 3370**  
CITY-ST-ZIP **PLACIDA FL 33946-3370**

TITLE **TREASURER** ☐ Change ☒ Addition  
NAME **DOUG CURTIS**  
STREET ADDRESS **9881 EAGLE PRESERVE DRIVE**  
CITY-ST-ZIP **Englewood, FL 34224**

TITLE **DS** ☐ Delete  
NAME **HODSON, PETER**  
STREET ADDRESS **9600 EAGLE PRESERVE DRIVE**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **Secy** ☒ Change ☐ Addition  
NAME **Mark Cramer**  
STREET ADDRESS **9881 EAGLE PRESERVE DRIVE**  
CITY-ST-ZIP **Englewood, FL 34224**

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

TITLE **ASST Secy** ☒ Change ☐ Addition  
NAME **Hodson Peter**  
STREET ADDRESS **9600 EAGLE PRESERVE DR**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**John H. Fatum President** **1 Apr 03 941-828-0021**

CR2E037 (10/02)