


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000006473</b> 1. Entity Name <b>EAST VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>4801 S UNIVERSITY DRIVE - STE. 132 DAVIE, FL 33328</b>		Mailing Address <b>4801 S UNIVERSITY DRIVE - STE. 132 DAVIE, FL 33328</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip Country		Zip Country	
<b>6. Name and Address of Current Registered Agent</b> <b>NEW COMMUNITY STRATEGIES, INC.</b> <b>4801 S UNIVERSITY DRIVE - STE. 132</b> <b>DAVIE, FL 33328</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b> NAME <b>SONTAG, CRAIG</b> STREET ADDRESS <b>436 N.E. 2 AVENUE</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  000000778727 01/11/08-80009-004 \$1.25
TITLE <b>VP</b> NAME <b>HOORN, STEVE</b> STREET ADDRESS <b>472 N.E. 2 AVENUE</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DT</b> NAME <b>HANSEN, JAMES</b> STREET ADDRESS <b>440 N.E. 2 AVENUE</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>REMSA, LISA</b> STREET ADDRESS <b>446 N.E. 2 AVENUE</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>WHITIS, BRADLEY</b> STREET ADDRESS <b>464 N.E. 2 AVENUE</b> CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <i>James M. Na</i>		1/7/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
<small>Daytime Phone #</small>			