

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006437

FILED
Apr 04, 2005
Secretary of State

Entity Name: EWING PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

25400 U.A. HIGHWAY 19 NORTH
SUITE 154
CLEARWATER, FL 33763

New Principal Place of Business:

25400 U.S. HIGHWAY 19 NORTH
SUITE 154
CLEARWATER, FL 33763

Current Mailing Address:

25400 U.A. HIGHWAY 19 NORTH
SUITE 154
CLEARWATER, FL 33763

New Mailing Address:

25400 U.S. HIGHWAY 19 NORTH
SUITE 116
CLEARWATER, FL 33763

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEACH, PETER H
25400 U.A. HIGHWAY 19 NORTH
SUITE 154
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

CANTU, DAVID O
25400 U.S. HIGHWAY 19 NORTH
SUITE 116
CLEARWATER, FL 33763 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: DAVID O. CANTU

04/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAGE, J. DAVID
Address: 25400 U.A. HIGHWAY 19 NORTH, SUITE 154
City-St-Zip: CLEARWATER, FL 33763

Title: VSTD () Delete
Name: LEACH, PETER H
Address: 25400 U.A. HIGHWAY 19 NORTH, SUITE 154
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: WITTER, WILLIAM P
Address: 809 DRUID ROAD
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAGE, J. DAVID
Address: 25400 U.S. HIGHWAY 19 NORTH, SUITE 154
City-St-Zip: CLEARWATER, FL 33763

Title: VSTD (X) Change () Addition
Name: LEACH, PETER H
Address: 25400 U.S. HIGHWAY 19 NORTH, SUITE 154
City-St-Zip: CLEARWATER, FL 33763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: J. DAVID PAGE

PD

04/04/2005

Electronic Signature of Signing Officer or Director

Date