

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006437

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: EWING PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

EWING PLACE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-3434622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

REINHARDT, DEBBIE  
7300 PARK STREET  
SEMINOLE, FL 33777 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: DEBBIE REINHARDT

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Delete  
Name: WITTER, BILL  
Address: 25400 U.S. HIGHWAY 19 NORTH, SUITE 154  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID PAGE

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date