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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortfiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001390 (4)

1. Corporation Name
EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1230 N HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address
1230 N. HARBOR CITY BLVD.
MELBOURNE FL 32935-7021

3. Date Incorporated or Qualified
03/17/1993

3a. Date of Last Report
02/09/1996

2. Principal Place of Business
21 1914 Slone Blvd.
Suite, Apt #, etc.

2a. Mailing Address
26 1914 Slone Blvd
Suite, Apt #, etc.

4. FEI Number
59-3182726
Applied For
Not Applicable

22 City & State
23 Melbourne, FL 32935

27 City & State
28 Melbourne, FL 32935

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country
25

29 Zip Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

OUTLAW, D. GLEN
1230 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
Mike Cheatwood
82 Street Address (P.O. Box Number is Not Acceptable)
1914 Slone Blvd
83
84 City
Melbourne FL 85 Zip Code
32935

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: *William M. Cheatwood* DATE: 3/31/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	OUTLAW, D. GLEN	
STREET ADDRESS	1230 N. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	OUTLAW, BEVILLE S	
STREET ADDRESS	1222 N. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, WALTER	
STREET ADDRESS	1320 S. CARPENTER RD.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SCHUMERS, EDWARD P	
STREET ADDRESS	951 FLOTILLA CLUB DR.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mike Cheatwood	
1.3 STREET ADDRESS	1914 Slone Blvd	
1.4 CITY-ST-ZIP	Melbourne, FL 32935	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary Schneider	
2.3 STREET ADDRESS	1919 Slone Blvd	
2.4 CITY-ST-ZIP	Melbourne, FL 32935	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniel Petersen	
3.3 STREET ADDRESS	1910 Slone Blvd	
3.4 CITY-ST-ZIP	Melbourne, FL 32935	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Daniel Gilb	
4.3 STREET ADDRESS	1935 Slone Blvd	
4.4 CITY-ST-ZIP	Melbourne, FL 32935	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *William M. Cheatwood* DATE: 3/31/97 (407) 222-4517

CP2E037 (9/96)