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

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N93000001390 (4)

EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.						
Principal Plac	e of Business	Mailing Address		) Janusin of talon still being being after being after and still being still be		
1914 SLONE BI MELBOURNE FI US		1914 SLONE BLVD. MELBOURNE FL 32935 US		3. Date Incorporated or Qualified  03/17/1993  4. FEI Number Applied	For	
				59-3182726 Not App		
2. Principal P	lace of Business	2e. Mailing Address 26 P.O. BOX 36	0741	5. Certificate of Status Desired \$8.75 Additing Fee Require	ional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May I	3e	
22		27		Trust Fund Contribution Added to Fee	s	
City & Stat	e	City & State	<i>r</i> -,	7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip Zip	Country	¥ Yes No		
24	25	29 32935 4255 30	,	8. This corporation owes or has paid the current year Intangit Personal Property Tax due June 30. 📈 Yes 🔲 No		
	9. Name and Address of Curr	rent Registered Agent	<u></u>	10. Name and Address of New Registered Agent		
			81 Name	Thada-a Gray		
CHEATW	700D, MIKE		62 Street A	ddress (P.O. Box Number is Not Acceptable)		
1914 SLONE BLVD.			1193	1 Slone Blud		
MELBOU	IRNE FL 32935		83			
			84 City ,	, 85 Zip Code		
		500	<u>     Wel</u>	Mariane FF 1 3233	<u>ነ</u> 5	
office or r	to the provisions of Sections 617.0 egistered agent, or both, in the Sta	502 and 617.1508, Florida Statutes, ate of Florida. Such change was auth	the above-named c horized by the corpo	orporation submits this statement for the purpose of changing its regoration's board of directors. I hereby accept the appointment as regis	istered itered	
agent. I a	m lamiliar with, and accept the obl					
SIGNATURE	Signature, typed or printed name of registered	CHARLENE +	Registeriid Apent signature re	esident 'Itteril 1940		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	DP	☐ DELETE	1 -		Addition	
NAME	CHEATWOOD, MIKE			Charlene Grew		
STREET ADDRESS	1914 SLONE BLVD.			1931 Stone Blua	;	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	Melbourne FL 32935		
TITLE	DVP	DELETE	2.1 1ITLE		Addition	
NAME	SCHNEIDER, MARY			Laurie Goswick	1	
STREET ADDRESS	1919 SLONE BLVD.			1921 Stone Blud		
CITY-ST-ZIP TITLE	MELBOURNE FL DT	DELETE		Melbourne Fl 33935	Addition	
NAME	PETERSEN, DANIEL	El otter	112	ot Bill Richmond	AUGINOII	
STREET ADDRESS	1910 SLONE BLVD.		3.3 STREET ADDRESS	1936 Stone Blud		
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY-ST-ZIP	melbourne FL 32935	ļ	
TITLE	DS	☐ DELETE	4.1 TITLE		Addition	
NAME	GILB. DANIEL		4. 2 YAME			
STREET ADDRESS	1935 SLONE BLVD.		4.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐	Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY-ST-ZIP			
TITLE		DELETE	6 1 TITLE	☐ Change ☐	Addition	
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			

4. 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 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 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

7200,198 (407) 779-6026

**FILED** 

May 18 1998 8:00am

Secretary of State