

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90045 047 ****61.25

0020175

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001390

1. Corporation Name

EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1914 SLONE BLVD.
MELBOURNE FL 32935
US

Mailing Address

POB 360741
MELBOURNE FL 32935
US



2. Principal Place of Business

21 1931 Slone Blvd

Suite, Apt. #, etc.
22 Melbourne FL

23 32935 US

24 Zip 25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.
27

28

29 Zip 30 Country

3. Date Incorporated or Qualified

03/17/1993

4. FEI Number

59-3182726

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GREW, C
1931 SLONE BLVD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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: *Charlene R. Grew, President*

25 Mar 99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GREW, C
STREET ADDRESS 1931 SLONE BLVD
CITY-ST-ZIP MELBOURNE FL 32935

TITLE DVP
NAME GOSWICK, L
STREET ADDRESS 1921 SLONE BLVD
CITY-ST-ZIP MELBOURNE FL 32935

TITLE DT
NAME RICHMOND, B
STREET ADDRESS 1925 SLONE BLVD
CITY-ST-ZIP MELBOURNE FL 32935

TITLE DS
NAME GILB, DANIEL
STREET ADDRESS 1935 SLONE BLVD.
CITY-ST-ZIP MELBOURNE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

25 Mar 99

407-779-6026

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)