

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90149 024 ****61.25

002477



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000001390

1. Entity Name
EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1931 SLONE BLVD **POB 360741**
MELBOURNE FL 32935 **MELBOURNE FL 32935**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3182726 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHEATWOOD, MIKE
1914 STONE BLVD
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GIOFFRE, CHARLES	
STREET ADDRESS	1917 SLONE BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHEATWOOD, MIKE	
STREET ADDRESS	1914 SLONE BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GILB, DANIEL	
STREET ADDRESS	1935 SLONE BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GAROUST, MIKE	
STREET ADDRESS	1914 SLONE BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gioffre, Charles	
STREET ADDRESS	1917 Slone Blvd	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Albert	
STREET ADDRESS	1925 Slone Blvd	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garoust, Mike	
STREET ADDRESS	1908 Slone Blvd	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Cheatwood 4/27/02 321-674-4517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/01)