2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90281 026 ****61.25

DOCUMENT # N9300001390 1. Entity Name EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.					04	-27-2005 90	0281 026	****61.2	25
Principal Place of Business 1931 SLONE BLVD MELBOURNE, FL 32935 US		Mailing Address POB 360741 MELBOURNE, FL 32935 US		 	 Bior ac el ac el ar ei	.		14 B) (14)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142005 CI	ng-NP	CR2E037	(10/03)	
City & State		City & State			4. FEI Number 59-318272		•		plied For t Applicable
Zip	Country Zip Co		Country		5. Certificate of St	atus Desired		8.75 Addi	itional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Re	gistered Age	ent	
			Nan	ne			•		
1914 SLO	DOD, MIKE NE BLVD. RNE, FL 32935		Stre	et Address ((P.O. Box Number is Not Acceptable)				
WIELBOOK	ME, FL 32933								
			City				FL	Zip Code)
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered offic	e or register	red agent, or both, in	the State of Flo	rida. Tam fan	niliar with,	and accept
SIGNATURE .			· ·			· · · · · · · · · · · · · · · · · · ·			
	Signature, typed or printed name of registered agent	and tale fannicable. (NOTE:	Registered Agent :				DATE		
				agrantine records	a wiser restauting)				
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co	paign Financi		\$5.00 May Be Added to Fees		ake check p da Departm	•	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financi	ng 🔲	\$5.00 May Be	Flori	ake check p da Departm	ent of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co	paign Financi ontribution.		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori	ake check p da Departm RS AND DIRE	ent of St	ate
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR