


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90281 026 ****61.25

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1. Entity Name
EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1931 SLONE BLVD
 MELBOURNE, FL 32935 US**

Mailing Address
**POB 360741
 MELBOURNE, FL 32935 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-3182726

Applied For
 Not Applicable

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



04142005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**CHEATWOOD, MIKE
 1914 SLONE 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	WOOD, MATT	
STREET ADDRESS	1931 SLONE BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARTI, DAN	
STREET ADDRESS	1965 SLONE BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ALBERT, DAVE	
STREET ADDRESS	1925 SLOAN BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GILB, DAN	
STREET ADDRESS	1935 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, MATT	
STREET ADDRESS	1931 SLONE BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTI, DAN	
STREET ADDRESS	1965 SLONE BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLIS-TURNER, JOLIE	
STREET ADDRESS	1923 SLONE BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHANS, VICKI	
STREET ADDRESS	1959 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: Anthony J. Marti Date: 23 APR 05 (321) 494-6087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #