


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90106 039 \*\*\*\*61.25

**DOCUMENT # N93000001390**

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  
**1965 Slone Blvd**

3. Mailing Address  
**POB 360741**

Suite, Apt. #, etc.


City & State  
**Melbourne, FL**

City & State  
**Melbourne, FL**

Zip  
**32935** Country

Zip  
**32936** Country

**40056586**



04182006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3182726** Applied For  
 Not Applicable

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

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  
**Marti, Anthony J.**

Street Address (P.O. Box Number is Not Acceptable)  
**1965 Slone Blvd**

City  
**Melbourne, FL** Zip Code  
**32935**

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 Anthony J. Marti, Treasurer DATE 19 APR 06

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

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	DP WOOD, MATT 1931 SLONE BLVD. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTI, DAN 1965 SLONE BLVD. MELBOURNE, FL 32935	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALBERT, DAVE 1925 SLOAN BLVD MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GILB, DAN 1935 SLONE BLVD. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MALLIS-TURNER, JOLIE 1923 SLONE BLVD MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STEPHANS, VICKI 1959 SLONE BLVD MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stephans, Vicki 1959 Slone Blvd Melbourne, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Traxler, Marvin 1929 Slone Blvd Melbourne, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Syarto, David 1963 Slone Blvd Melbourne, FL 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 19 APR 06 Daytime Phone # (321) 494-6087

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