


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90239 022 ****61.25

DOCUMENT # N93000001390			
1. Entity Name EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1965 SLONE BOULEVARD MELBOURNE, FL 32935 US		Mailing Address POB 360741 MELBOURNE, FL 32936 US	
2. Principal Place of Business - No P.O. Box # 1963 SLONE BLVD Suite, Apt. #, etc.		3. Mailing Address POB 360741 Suite, Apt. #, etc.	
City & State MELBOURNE, FL Zip 32935 Country		City & State MELBOURNE, FL Zip 32936 Country	
4. FEI Number 59-3182726		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTI, ANTHONY J 1965 SLONE BOULEVARD MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name DAVID SYARTO Street Address (P.O. Box Number is Not Acceptable) 1963 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 <u>David W. Syarto</u> DATE <u>19 APR 07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP NAME STEPHENS, VICKI STREET ADDRESS 1959 SLONE BOULEVARD CITY-ST-ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT NAME MARTI, DAN STREET ADDRESS 1965 SLONE BLVD. CITY-ST-ZIP MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE DT NAME DAVID SYARTO STREET ADDRESS 1963 SLONE BLVD CITY-ST-ZIP MELBOURNE, FL - 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP NAME TRAXLER, MARVIN STREET ADDRESS 1929 SLONE BOULEVARD CITY-ST-ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE DVP NAME GARY CORBETT STREET ADDRESS 1942 SLONE BLVD CITY-ST-ZIP MELBOURNE, FL - 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME SYARTO, DAVID STREET ADDRESS 1963 SLONE BOULEVARD CITY-ST-ZIP MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE DS NAME MARVIN TRAXLER STREET ADDRESS 1929 SLONE BLVD CITY-ST-ZIP MELBOURNE, FL - 32935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <u>David W. Syarto</u>		Date <u>19 APR 07</u> Daytime Phone # <u>321-729-2697</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	