

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001390

FILED
Apr 10, 2009
Secretary of State

Entity Name: EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1963 SLONE BOULEVARD
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

POB 360741
MELBOURNE, FL 32936 US

New Mailing Address:

FEI Number: 59-3182726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYARTO, DAVID
1963 SLONE BOULEVARD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHERYL, JONES
Address: 1908 SLONE BOULEVARD
City-St-Zip: MELBOURNE, FL 32935

Title: DT () Delete
Name: SYARTO, DAVID
Address: 1963 SLONE BOULEVARD
City-St-Zip: MELBOURNE, FL 32935

Title: V () Delete
Name: BEHRENS, LOU
Address: 1947 SLONE BOULEVARD
City-St-Zip: MELBOURNE, FL 32935

Title: DS () Delete
Name: TRAXLER, MARVIN
Address: 1929 SLONE BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: BEHRENS, LOU
Address: 1947 SLONE BOULEVARD
City-St-Zip: MELBOURNE, FL 32935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SYARTO

DT

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date