


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90120 007 ****61.25

DOCUMENT # N93000001390

1. Entity Name
EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**1931 SLONE BLVD
MELBOURNE FL 32935
US** **POB 360741
MELBOURNE FL 32935
US**

60020744



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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 STONE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	DP	<input type="checkbox"/> Delete
NAME	GIOFFRE, CHARLES	
STREET ADDRESS	1917 SLONE BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHEATWOOD, MIKE	
STREET ADDRESS	1914 SLONE BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	DS	<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	GAROUST, MIKE	
STREET ADDRESS	1908 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		<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		
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: Mike A. Cheatwood 4/10/03 (321) 674-4517

CR2E037 (10/02)