


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90003 035 \*\*\*\*61.25

**DOCUMENT # N98000002289**  
 1. Entity Name  
**EASTWOOD ESTATES OWNERS ASSOCIATION, INC.**



Principal Place of Business 12340 EASTHAVEN DR. SPRING HILL, FL 34609 US	Mailing Address 12340 EASTHAVEN DR. SPRING HILL, FL 34609 US
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**DO NOT WRITE IN THIS SPACE**



05102006 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3552425</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~YARMESCH, AMANDA  
12340 EASTHAVEN DR.  
SPRING HILL, FL 34609~~

*Curatola, Victoria  
12384 East Haven Drive  
Spring Hill, FL 34609*

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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 *Victoria Curatola* *May 10, 2006*  
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 September 6, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CURATOLA, VICTORIA 12384 EAST HAVEN DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD YARMESCH, GREGORY 12340 EASTHAVEN DR. SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD YARMESCH, AMANDA 12340 EASTHAVEN DRIVE SPRINGHILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GANNON, ELIZABETH 12362 EAST HAVEN DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Victoria Curatola* *May 10, 2006* *352-683-3042*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #