


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 19 PM 3:19

DOCUMENT # N98000002289 1. Entity Name EASTWOOD ESTATES OWNERS ASSOCIATION, INC.	
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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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2. Principal Place of Business - No P.O. Box # 12384 East Haven Drive	3. Mailing Address 12384 East Haven Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Spring Hill FL	City & State Spring Hill FL	4. FEI Number 59-3552425	Applied For <input type="checkbox"/> Not Applicable
Zip 34609	Country Hernando	Zip 34609	Country Hernando



07092009 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent CURATOLA, VICTORIA 12384 EAST HAVEN DR. SPRING HILL, FL 34609	7. Name and Address of New Registered Agent Name: Victoria Curatola Street Address (P.O. Box Number is Not Acceptable): 12384 East Haven Drive City: Spring Hill FL Zip Code: 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 (NOTE: Registered Agent signature required when reinstating) DATE: July 2009

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURATOLA, VICTORIA 12384 EAST HAVEN DR SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000161898880 10/19/09--01046--013 **131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YARMESCH, GREGORY 12340 EASTHAVEN DR. SPRING HILL, FL 34609 <input checked="" 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	VD GANNON, ELIZABETH 12362 EAST HAVEN DR SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>B. J. Jankowski</i>
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 <i>08-09</i>
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: Victoria Curatola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____