


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004063	
1. Entity Name EASTLAND COVE HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 1973 NW 45 ST OAKLAND PARK, FL 33309	Mailing Address 1973 NW 45 ST OAKLAND PARK, FL 33309
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2070548	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

DEAN, JAMES D
1973 NW 45 ST
OAKLAND PARK, FL 33309

DO NOT WRITE
IN THIS SPACE

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RE, FRANK 4471 NW 20TH AVE OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SULLENDER, KENNETH 2001 NW 45TH ST OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROSSEAU, ROBERT 4491 NW 20TH AVE OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICKELS, JOHN 1921 NW 44TH ST OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEAN, JAMES 1973 NW 45TH ST OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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01/21/04-80023-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____