


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 757707	
1. Entity Name EAST HILLSBOROUGH HOUSING DEVELOPMENT, INCORPORATED	

Principal Place of Business 613 S 12TH STREET LEESBURG, FL 34748 US	Mailing Address PO BOX 492228 LEESBURG, FL 34749-2228
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DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-2520097	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGALSKI, BARBARA
613 S 12TH STREET
LEESBURG, FL 34748

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

**Filing Fee Is \$61.25
Due by May 1, 2007**

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	P SANTANA, JULIO REV 4288 HWY 92 STE 7 PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODOLFO, DANIEL 72 WESTSIDE DR PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDOVAL, MARIA 36 WESTSIDE DR PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELROSO, MARIA 35 WESTSIDE DR PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, ADELA 5 WESTSIDE DR PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, MARCELINA 65 WESTSIDE DR PLANT CITY, FL 33567

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U00000730976
05/08/07-80102-006 70.00

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 in an attachment with an address with all other like empowered.

SIGNATURE  DANIEL RODAK FO 4-19-07 (352) 987-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #