

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757707

FILED
Apr 27, 2009
Secretary of State

Entity Name: EAST HILLSBOROUGH HOUSING DEVELOPMENT, INCORPORATED

Current Principal Place of Business:

613 S 12TH STREET
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 492228
LEESBURG, FL 347492228

New Mailing Address:

FEI Number: 59-2520097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTANA, JULIO REV
Address: 4288 HWY 92 STE 7
City-St-Zip: PLANT CITY, FL 33567

Title: VP () Delete
Name: RODOLFO, DANIEL
Address: 72 WESTSIDE DR
City-St-Zip: PLANT CITY, FL 33567

Title: S () Delete
Name: SANDOVAL, MARIA
Address: 36 WESTSIDE DR
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: DELROSO, MARIA
Address: 35 WESTSIDE DR
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: REYES, ADELA
Address: 5 WESTSIDE DR
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: CASTRO, MARCELINA
Address: 65 WESTSIDE DR
City-St-Zip: PLANT CITY, FL 33567

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO SANTANA

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date