

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757707

FILED  
Feb 02, 2011  
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:**

613 S 12TH STREET  
LEESBURG, FL 34748 US

**New Mailing Address:**

FEI Number: 59-2520097      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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  
Name: SANTANA, JULIO REV  
Address: 4288 HWY 92 STE 7  
City-St-Zip: PLANT CITY, FL 3356

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JULIO SANTANA

PRES

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date