2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# 762252

Entity Name: ELOISE POINTE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2400 BERKSHIRE DR.
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

2400 BERKSHIRE DR.
WINTER HAVEN, FL 33884 US

New Mailing Address:

FEI Number: 59-2865335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAXON, DICK
2531 PARTRIDGE DR
WINTER HAVEN, FL 34741 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: VD ( ) Delete
Name: BARE, KEITH
Address: 2510 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: PD ( ) Delete
Name: ROGERS, DAVID
Address: 2573 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD ( ) Delete
Name: STONE, PAM
Address: 2543 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD ( ) Delete
Name: BARRANCO, CHRIS
Address: 2564 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: BRENNER, MICHAEL
Address: 2554 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD (X) Change ( ) Addition
Name: TALBOT, KARYN
Address: 2536 PARTRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33884

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: CHRIS BARRANCE TREA 03/03/2009

Electronic Signature of Signing Officer or Director — Date