


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar. 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 769616 1. Entity Name EASTRIDGE VILLAS PROPERTY OWNERS ASSOCIATION, INC	
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Principal Place of Business 9095 SE HOBE RIDGE AVE HOBE SOUND, FL 33455 US	Mailing Address P O BOX 8186 HOBE SOUND, FL 33475 US
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2385772	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 MCNALLY, PHIL 9097 SE HOBE RIDGE AVE HOBE SOUND, FL 33455	DO NOT WRITE IN THIS SPACE
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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, 2005	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 MCNALLY, PHIL 9097 SE HOBE RIDGE AVE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ANAJA, NILAM 8965 SE BRIDGE RD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TOMLIN, RITA 9096 HOBE RIDGE AVE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/28/05-80019-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rita Tomlin **RITA TOMLIN** 3/25/05 772-546-8512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #