

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769616

FILED
Jun 01, 2009
Secretary of State

Entity Name: EASTRIDGE VILLAS PROPERTY OWNERS ASSOCIATION, I NC

Current Principal Place of Business:

9057 SE HOBE AVE
HOBE SOUND, FL 33455 US

New Principal Place of Business:

9015 SE HOBE AVE
HOBE SOUND, FL 33455 US

Current Mailing Address:

POB 8186
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 59-2385772 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STUMPP, NORA
9015 SE HOBE RIDGE AVE
HOBE SOUND, FL 33455 US

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: STUMP, NONA
Address: 9015 SE HOBE RIDGE AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: LANHAM, DONNA
Address: 9019 SE HOBE RIDGE AVE
City-St-Zip: HOBE SOUND, FL 33455

Title: VT () Delete
Name: WHEATLEY, TAMMY
Address: 9097 SE HOBE RDGE AVE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STUMPP, NORA
Address: 9015 SE HOBE RIDGE AVE
City-St-Zip: HOBE SOUND, FL 33455

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

Title: T (X) Change () Addition
Name: STUMPP, NORA
Address: 9015 SE HOBE RDGE AVE
City-St-Zip: HOBE SOUND, FL 33455

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: NORA STUMPP

P/T

06/01/2009

Electronic Signature of Signing Officer or Director

Date