

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F13273**

1. Entity Name

**EASTWOOD MOBILE HOME PARK, INC.**



Principal Place of Business

**418 S E 8TH ST  
HALLANDALE FL 33009**

Mailing Address

**3508 SOUTHWOOD COURT  
DAVIE FL 33328  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2050993**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHLICHTE, RAY A., JR.  
2134 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P NORBERG, VICTOR**  
STREET ADDRESS **3508 SOUTHWOOD CT**  
CITY-STATE-ZIP **DAVIE FL**

TITLE ☐ Delete  
NAME **S NORBERG, YOLANDA**  
STREET ADDRESS **3508 SOUTHWOOD CT**  
CITY-STATE-ZIP **DAVIE F**

TITLE ☐ Delete  
NAME **VD NORBERG, DANIEL G.**  
STREET ADDRESS **3508 SOUTHWOOD CT.**  
CITY-STATE-ZIP **DAVIE FL 33328**

TITLE ☐ Delete  
NAME **TD OLIVERI, SANDRA M**  
STREET ADDRESS **5170 REGENCY WAY**  
CITY-STATE-ZIP **COOPER CITY FL 33330**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U00000765916**  
CITY-STATE-ZIP **06/05/07-80002-022 150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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:

*Yolanda Norberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*05/29/07 (954) 4249226*  
Date Daytime Phone #