

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002768

FILED
Apr 11, 2007
Secretary of State

Entity Name: EASTRIDGE LOT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 91-2084888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: WENTZ, SUSAN
Address: 833 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: VPD (X) Delete
Name: UDDENBACK, KENN
Address: 937 MARQUEE DR
City-St-Zip: MINNEOLA, FL 34715

Title: SD () Delete
Name: BARNHART, ARCHIE
Address: 849 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: TD () Delete
Name: SUMINSKI, SCOTT
Address: 885 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: BOND, MICHAEL
Address: 835 MARQUEE DR
City-St-Zip: MINNEOLA, FL 34715

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: BARNHART, ARCHIE
Address: 849 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: STD (X) Change () Addition
Name: LEMBREE, JACLYN
Address: 825 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

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

Title: D () Change (X) Addition
Name: DELBRIDGE, JAMES
Address: 857 SCENIC VIEW CIR
City-St-Zip: MINNEOLA, FL 34715

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN WENTZ

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date