

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002768

FILED
Mar 25, 2009
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.
SENTRY MANAGEMENT INC
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: TROVINGER, FERRI
Address: 925 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: VPD () Delete
Name: DIEM, LAURA D
Address: 869 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: STD () Delete
Name: MATHIAS, COREY
Address: 881 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: RAINEY, SHIRLEY
Address: 989 SCENIC VIEW CIR
City-St-Zip: MINNEOLA, FL 34715

Title: D () Delete
Name: BURRIS, LINDA
Address: 1068 SCENIC VIEW CIR
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TSD (X) Change () Addition
Name: WENTZ, SUSAN
Address: 833 SCENIC VIEW CIRCLE
City-St-Zip: MINNEOLA, FL 34715

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

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: FERRI TROVINGER

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date