

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006054

FILED
Apr 21, 2009
Secretary of State

Entity Name: EASTMONTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2800 US HWY N 19
STE 300
CLEARWATER, FL 337612655

New Principal Place of Business:

Current Mailing Address:

PO BOX 322
VALRICO, FL 33595

New Mailing Address:

FEI Number: 59-3693839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCECH, JOSEPH M
3416 EAST MONTE DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

SELLERS, JOHN G
3304 EASTMONTE DR
VALRICO, FL 33596 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: JOHN G SELLERS

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WRIGHT, RICAHRD
Address: 3114 WHITE PHENANT PL
City-St-Zip: VALRICO, FL 33596

Title: DT () Delete
Name: SCECH, JOSEPH
Address: 3416 EASTMONTE DRIVE
City-St-Zip: VALRICO, FL 33596

Title: DVP () Delete
Name: WRIGHT, RICHARD
Address: 3114 WHITE PHRASANT PL
City-St-Zip: VALRICO, FL 33596

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, WILLIAM
Address: 3121 RED LION DR
City-St-Zip: VALRICO, FL 33596

Title: DT (X) Change () Addition
Name: SELLERS, JOHN G
Address: 3304 EASTMONTE DRIVE
City-St-Zip: VALRICO, FL 33596

Title: DS (X) Change () Addition
Name: FRASER, GEORGE
Address: 3124 RED LION DR
City-St-Zip: VALRICO, FL 33596

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: JOHN G SELLERS

DT

04/21/2009

Electronic Signature of Signing Officer or Director

Date