2007 NOT-FOR-PROFIT CORPORATION _AMENDED ANNUAL REPORT

APPROVEL

DOCUMENT # N01000001924 07 NOV -2 PM 3:57 1. Entity Name **EASTVIEW MANOR COMMUNITY INC** SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 709 E. APIX CIRCLE 709 E. APIX CIRCLE 11-6-07 JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10222007 Chg-NP CR2E037 (12/06) 4. FEI Number 41-2026399 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 0LK/NC GORE, SUSAN M 709 E. APIX CIRCLE JUPITER, FL 33458 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE С TITLE Addition NAME GORE, SUSAN M NAME I W. Whitney & a. 709 E. APIX CIRCLE STREET ADDRESS STREET ADDRESS DITAY, FL 33458 JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP 300112140148 11/09/07--01004--002 **61 TITLE ☐ Delete TITLE ■ Addition NAME SEAVERS, MELANIE NAME **81.25 5060 REO DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HILL, KATHY NAME NAME STREET ADDRESS 508 REO DR. STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete SANCHEZ, STEPHANIE STREET ADDRESS **409 REO DRIVE** STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR