

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90023 027 \*\*\*\*61.25

|   |  |   |
|---|--|---|
| <b>DOCUMENT # N01000001924</b>                        |  |  |
| 1. Entity Name<br><b>EASTVIEW MANOR COMMUNITY INC</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>709 E. APIX CIRCLE<br/>JUPITER, FL 33458</b> | Mailing Address<br><b>709 E. APIX CIRCLE<br/>JUPITER, FL 33458</b> |
|--|--|

**40018466**



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

01232008 Chg-NP CR2E037 (12/06)

|   |  |   |
|---|--|---|
| 4. FEI Number<br><b>41-2026399</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required   |
| 6. Name and Address of Current Registered Agent<br><b>COLLINS, BRIAN M<br/>404 W. WHITNEY DR.<br/>JUPITER, FL 33458</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.

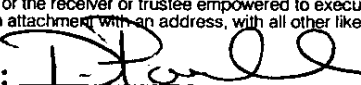
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT<br>COLLINS, BRIAN<br>404 W. WHITNEY DR.<br>JUPITER, FL 33458 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P / D<br>Brian Collins<br>404 West Whitnet Drive<br>Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SEEVERS, MELANIE<br>5060 REO DR<br>JUPITER, FL 33458 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V / D<br>Melanie Seavers<br>5060 REO DRIVE<br>Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>HILL, KATHY<br>508 REO DR.<br>JUPITER, FL 33458 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T / D<br>Danielle Parkieil<br>302 West Whitnet Drive<br>Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **2/3/08** **561-743-6320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #