

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007454

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: EASTON VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

600 SANDTREE DRIVE  
SUITE 109  
PALM BEACH GARDENS, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

600 SANDTREE DRIVE  
SUITE 109  
PALM BEACH GARDENS, FL 33403

**New Mailing Address:**

FEI Number: 65-1158926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDONALD, DONNA  
CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE, SUITE 109  
PALM BEACH GARDENS, FL 33403 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: P ( ) Delete  
Name: KERSHNER, ALLAN  
Address: 8973 ALEXANDRA CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete  
Name: BODDY, LISA  
Address: 9032 ALEXANDRA CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: SINGH, BIBI  
Address: 8980 ALEXANDRA CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete  
Name: PETRUCCI, SANDRA  
Address: 8984 ALEXANDRA CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete  
Name: ROMAIN, PAM  
Address: 8989 ALEXANDRA CIR  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: DE RAMUS, TRACY  
Address: 2163 ALWORTH TERRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: T (X) Change ( ) Addition  
Name: SINGH, BIBI  
Address: 8980 ALEXANDRA CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

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

Title: D (X) Change ( ) Addition  
Name: SEDA, RAY  
Address: 8986 ALEXANDRA CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

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: ALLAN KERSHNER

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date