

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90038 050 ****61.25

| | | | | | |
|--|---|---|--|---|------------------------------------|
| DOCUMENT # N01702 1. Entity Name EASTON HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 14125 SERENA LAKE DR. ORLANDO, FL 32837 | | | Mailing Address PO BOX 771555 ORLANDO, FL 32877 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2768825 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORRIS, FRAYDA 14125 SERENA LAKE DR. ORLANDO, FL 32837 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| Make check payable to Florida Department of State | | | 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DIAZ, MARIA Y 8624 BELTON CT ORLANDO, FL 32825 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STONE, KAREN 1210 EASTON ST ORLANDO, FL 32825 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PATTERSON, VICKI 19704 ROBERTSON ST ORLANDO, FL 32825 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLEMENS, ALEXIA PO BOX 677614 ORLANDO, FL 32867 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERGGREN, MICHELLE 8612 DRAYTON CT ORLANDO, FL 32825 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D | <input type="checkbox"/> Delete | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D Jerry Richardson 8611 Drayton Court Orlando, FL 32825 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D John McGhee 1424 Drayton Court Orlando, FL 32825 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | D | | | |
| 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: <i>[Signature]</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date | | | | | |
| Daytime Phone # | | | | | |

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01172008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

FL Zip Code