## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006473

FILED Mar 12, 2012 Secretary of State

Entity Name: EAST VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4801 S UNIVERSITY DRIVE - STE. 132 DAVIE, FL 33328

Current Mailing Address: New Mailing Address:

4801 S UNIVERSITY DRIVE - STE. 132 DAVIE, FL 33328

FEI Number: 55-0791874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

NEW COMMUNITY STRATEGIES

4801 S UNIVERSITY DRIVE

STE 132

DAVIE, FL 33328 US

BAKALAR ANS ASSOCIATES, PA
150 SOUTH PINE ISLAND ROAD,
SUITE 540
PLANTATION, FL 33324 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: MICHAEL BAKALAR 03/12/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PD

Name: STALLWORTH, BRANDON

Address: C/O NCS 4801 S UNIVERSITY DRIVE SUITE 132

City-St-Zip: DAVIE, FL 33328

Title: D

Name: SELIGMAN, JAY ALLEN

Address: C/O NCS 4801 S UNIVERSITY DRIVE SUITE 132

City-St-Zip: DAVIE, FL 33328

Title: S

Name: OLIVER, ALISON

Address: C/O NCS 4801 S UNIVERSITY DRIVE SUITE 132

City-St-Zip: DAVIE, FL 33328

Title: VPT

Name: ROTHLEIN, MICHAEL

Address: C/O NCS 4801 S UNIVERSITY DRIVE SUITE 132

City-St-Zip: DAVIE, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: BRANDON STALLWORTH PD 03/12/2012