


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009584</b> 1. Entity Name <b>EASTWOOD AT HERITAGE OAKS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>300 EAST NEW HAVEN AVE MELBOURNE, FL 32901</b>	Mailing Address <b>300 EAST NEW HAVEN AVE MELBOURNE, FL 32901</b>
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01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0361784</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PENCE, ROY J 300 EAST NEW HAVEN AVE MELBOURNE, FL 32901</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

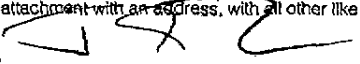
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

110100014550053  
03/22/06-800660-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PENCE, ROY J
STREET ADDRESS	300 EAST NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	PENCE, JAN
STREET ADDRESS	300 EAST NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	ALCOCK, WILLIAM
STREET ADDRESS	300 EAST NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **Roy J. Pence** 3/10/06 (321)837-0350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #