

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004755

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** ELOISE GARDENS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4141 NW 37TH PLACE  
SUITE B  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

4121 NW 37TH PLACE  
SUITE B  
GAINESVILLE, FL 32606 US

**Current Mailing Address:**

P.O. BOX 14506  
GAINESVILLE, FL 32604 US

**New Mailing Address:**

4121 NW 37TH PLACE  
SUITE B  
GAINESVILLE, FL 32606 US

**FEI Number:** 20-2661059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORIDA COMMUNITY MANAGEMENT  
4141 NW 37TH PLACE  
SUITE B  
GAINESVILLE, FL 32606 US

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

TREND MANAGEMENT SOLUTIONS  
4121 NW 37TH PLACE  
SUITE B  
GAINESVILLE, FL 32606 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: TOMMY MCINTOSH

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S/T  
Name: MCARTHUR, PAUL  
Address: 3501 W. UNIVERSITY AVE STE D  
City-St-Zip: GAINESVILLE, FL 32607

Title: P  
Name: WILDE, DOUG  
Address: PO BOX 13421  
City-St-Zip: GAINESVILLE, FL 32604

Title: VP  
Name: VALTER, JEANI  
Address: 6705 SW 88TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

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: DOUG WILDE

MR.

03/21/2011

Electronic Signature of Signing Officer or Director

Date