

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007064

FILED
Apr 20, 2009
Secretary of State

Entity Name: EUNICE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1507 S. ALEXANDER ST.
SUITE 103
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3566
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 20-4963904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL PROPERTY MGMT. SVC.
1507 S. ALEXANDER ST.
SUITE 103
PLANT CITY, FL 33563 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: VP () Delete
Name: ROSALES, RAFAEL
Address: 308 LISA ANN CT.
City-St-Zip: PLANT CITY, FL 33563

Title: P () Delete
Name: MORUA, ELVA
Address: 305 LISA ANN CT.
City-St-Zip: PLANT CITY, FL 33563

Title: ST () Delete
Name: HENNOSY, ANDREW
Address: 210 LISA ANN CT
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUGGINS, JASON
Address: 408 LISA ANN CT.
City-St-Zip: PLANT CITY, FL 33563

Title: ST (X) Change () Addition
Name: MORUA, ELVA
Address: 305 LISA ANN CT.
City-St-Zip: PLANT CITY, FL 33563

Title: VP (X) Change () Addition
Name: HENNOSY, ANDREW
Address: 210 LISA ANN CT
City-St-Zip: PLANT CITY, FL 33563

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: GAIL CALHOUN

MGR

04/20/2009

Electronic Signature of Signing Officer or Director

Date