

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004562

FILED
Feb 11, 2009
Secretary of State

Entity Name: EASTRIDGE PRESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1039 CARRIAGE PARK DR.
VALRICO, FL 33596

New Principal Place of Business:

Current Mailing Address:

1039 CARRIAGE PARK DR.
VALRICO, FL 33596

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUMMONDS, RONALD K
1039 CARRIAGE PARK DR.
VALRICO, FL 33596 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: D () Delete
Name: RADD, WALTER
Address: 307 CINDY LANE
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: DRUMMONDS, RON
Address: 1039 CARRIAGE PARK DR.
City-St-Zip: VALRICO, FL 33596

Title: D (X) Delete
Name: SOLIS, CARLOS
Address: 4421 RIVER DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RON DRUMMONDS

D

02/11/2009

Electronic Signature of Signing Officer or Director

Date