2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# N07000002577

Entity Name: EAST POINTE PARK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

505 E JACKSON ST
STE 202
TAMPA, FL 33602

New Principal Place of Business:

19045 DALE MABRY HWY N
LUTZ, FL 33548

Current Mailing Address:

505 E JACKSON ST
STE 202
TAMPA, FL 33602

New Mailing Address:

19045 DALE MABRY HWY N
LUTZ, FL 33548

FEI Number: 26-1581077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, ANAND
505 E JACKSON ST
STE 202
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

ASSOCIATED PROPERTY MANAGMENT GROUP, LLC
19045 DALE MABRY HWY N
LUTZ, FL 33548 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: LILY FLORES 02/06/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PATEL, ANAND
Address: 505 E JACKSON ST - STE 202
City-St-Zip: TAMPA, FL 33602

Title: VPST ( ) Delete
Name: PATEL, RAJ
Address: 505 E JACKSON ST - STE 202
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete
Name: PATEL, RAJ
Address: 505 E JACKSON ST - STE 202
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete
Name: FLORES, JOSE R
Address: 16118 N FLORIDA AVE
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MARCUS, ANDREW
Address: 19045 DALE MABRY HWY N
City-St-Zip: LUTZ, FL 33548

Title: VPD (X) Change ( ) Addition
Name: RACE, CLYDE
Address: 19045 DALE MABRY HWY N
City-St-Zip: LUTZ, FL 33548

Title: STD (X) Change ( ) Addition
Name: BREYFOGLE, FORREST
Address: 9417 SPRING HOLLOW DRIVE
City-St-Zip: AUSTIN, TX 78750

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: ANDREW MARCUS PD 02/06/2008
Electronic Signature of Signing Officer or Director Date