2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000002577

FILED Jul 23, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

19045 DALE MABRY HWY N 3714 LANDINGS WAY LUTZ, FL 33548 107

TAMPA, FL 33624

Current Mailing Address: New Mailing Address:

19045 DALE MABRY HWY N 3714 LANDINGS WAY LUTZ, FL 33548

TAMPA, FL 33624

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

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

ASSOCIATED PROPERTY MANAGMENT GROUP, LLC 19045 DALE MABRY HWY N

LUTZ, FL 33548

DEMERS, BRUCE A 3714 LANDINGS WAY 107 TAMPA, FL 33624 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: BRUCE A DEMERS 07/23/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MARCUS, ANDREW DEMERS, BRUCE A Name: Name: 19045 DALE MABRY HWY N Address: 3714 LANDINGS WAY DR #107 Address:

City-St-Zip: LUTZ, FL 33548 City-St-Zip: TAMPA, FL 33624

Title: Title: (X) Change () Addition () Delete

Name: RACE, CLYDE Name: BOYER, ROBERT T DR Address: 19045 DALE MABRY HWY N Address: 3936 LAGO DI GRATA CIRCLE City-St-Zip: LUTZ, FL 33548 City-St-Zip: SAN DIEGO, CA 92130

Title: () Delete Title: () Change () Addition

BREYFOGLE, FORREST Name: Name: 9417 SPRING HOLLOW DRIVE Address: Address: City-St-Zip: AUSTIN, TX 78750 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: BRUCE A DEMERS PD 07/23/2008