2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N07000002577

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

Current Principal Place of Business:

3714 LANDINGS WAY
107
TAMPA, FL 33624

New Principal Place of Business:

1463 OAKFIELD DRIVE
SUITE 129
BRANDON, FL 33511

Current Mailing Address:

3714 LANDINGS WAY
107
TAMPA, FL 33624

New Mailing Address:

PO BOX 2606
VALRICO, FL 33595 US

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

Name and Address of Current Registered Agent:

DEMERS, BRUCE A
3714 LANDINGS WAY
107
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

COMMUNITIES OF AMERICA, INC.
1463 OAKFIELD DRIVE
SUITE 129
BRANDON, FL 33511 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: MAE GORDON 04/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEMERS, BRUCE A
Address: 3714 LANDINGS WAY DR #107
City-St-Zip: TAMPA, FL 33624

Title: VPD ( ) Delete
Name: BOYER, ROBERT T DR
Address: 3936 LAGO DI GRATA CIRCLE
City-St-Zip: SAN DIEGO, CA 92130

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

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: MAE GORDON ACCT 04/14/2009
Electronic Signature of Signing Officer or Director Date