## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N20415

Apr 24, 2006 Secretary of State

Entity Name: EASTRIDGE COURT HOMEOWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8869 SE HOBE RIDGE AVE HOBE SOUND, FL 33455 **Current Mailing Address: New Mailing Address:** P.O. BOX 204 HOBE SOUND, FL 33475 FEI Number: 59-2831439 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: BEIRNES, MALCOM (JERRY) 8845 SE BAHAMA CIRCLE HOBE SOUND, FL 33455 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CAPPS, BLAKE CHURCHILL, CLIFF Name: Name: 8686 SE ALABAMA PLACE Address: 8935 SE HOBE RIDGE AVE Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455 Title: Title: SD (X) Change ( ) Addition ( ) Delete Name: KITCHEN, SHARON Name: KITCHEN, SHARON Address: 8885 SE HOBE RIDGE AVE. Address: 8885 SE HOBE RIDGE AVE. City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455 Title: () Delete Title: () Change () Addition BEIRNES, JERRY Name: Name: 8845 SE BAHAMA CIR Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: ( ) Delete Title: VPD ( ) Change (X) Addition Name: Name: FLAHERTY, MARIE 1968 NW PALMETTO TERRACE Address: Address: City-St-Zip: City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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: JERRY BEIRNES TD 04/24/2006