# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2007**
**Secretary of State**

DOCUMENT# N20415

**Entity Name:** EASTRIDGE COURT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

8869 SE HOBE RIDGE AVE
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 204
HOBE SOUND, FL 33475

**New Mailing Address:**

**FEI Number: 59-2831439** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BEIRNES, MALCOM (JERRY)
8845 SE BAHAMA CIRCLE
HOBE SOUND, FL 33455 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: | PD | ( ) Delete |
| Name: | CHURCHILL, CLIFF | |
| Address: | 8935 SE HOBE RIDGE AVE | |
| City-St-Zip: | HOBE SOUND, FL 33455 | |
| Title: | SD | ( ) Delete |
| Name: | KITCHEN, SHARON | |
| Address: | 8885 SE HOBE RIDGE AVE. | |
| City-St-Zip: | HOBE SOUND, FL 33455 | |
| Title: | TD | ( ) Delete |
| Name: | BEIRNES, JERRY | |
| Address: | 8845 SE BAHAMA CIR | |
| City-St-Zip: | HOBE SOUND, FL 33455 | |
| Title: | VPD | ( ) Delete |
| Name: | FLAHERTY, MARIE | |
| Address: | 1968 NW PALMETTO TERRACE | |
| City-St-Zip: | STUART, FL 34994 | |

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

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | SD | (X) Change ( ) Addition |
| Name: | CHURCHILL, RUTH | |
| Address: | 8935 SE HOBE RIDGE AVE. | |
| City-St-Zip: | HOBE SOUND, FL 33455 | |
| 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 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: MALCOM BEIRNES T 04/21/2007

Electronic Signature of Signing Officer or Director — Date