2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20415

FILED Mar 21, 2008 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 7607 SE HOBE TERRACE HOBE SOUND, FL 33455 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)

BERGEN, ED

8845 SE BAHAMA CIRCLE 7607 SE HOBE TERRACE

HOBE SOUND, FL 33455 US HOBE SOUND, FL, FL 33455 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: ED BERGEN 03/21/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: CHURCHILL, CLIFF Name: BERGEN, ED

 Address:
 8935 SE HOBE RIDGE AVE
 Address:
 7607 SE HOBE TERRACE

 City-St-Zip:
 HOBE SOUND, FL 33455
 City-St-Zip:
 HOBE SOUND, FL 33455

Title:SD () DeleteTitle:SD (X) Change () AdditionName:CHURCHILL, RUTHName:CUNNINGHAM, MIRANDAAddress:8935 SE HOBE RIDGE AVE.Address:8913 SE HOBE RIDGE AVE.

City-St-Zip: HOBE SOUND, FL 33455

City-St-Zip: HOBE SOUND, FL 33455

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

Name:BEIRNES, JERRYName:FAW, MONICAAddress:8845 SE BAHAMA CIRAddress:8939 SE HOBE RIDGE AVE.

City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: HOBE SOUND, FL 33455

Title: VPD (X) Delete Title: () Change () Addition
Name: FLAHERTY, MARIE Name:

 Name:
 FLAHERTY, MARIE
 Name:

 Address:
 1968 NW PALMETTO TERRACE
 Address:

 City-St-Zip:
 STUART, FL 34994
 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: ED BERGEN PD 03/21/2008