

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90106 039 \*\*\*\*61.25

<b>DOCUMENT # N93000001390</b> 1. Entity Name <b>EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1931 SLONE BLVD</b> <b>MELBOURNE, FL 32935 US</b>			Mailing Address <b>POB 360741</b> <b>MELBOURNE, FL 32935 US</b>		
2. Principal Place of Business <b>1965 Slone Blvd</b>			3. Mailing Address <b>POB 360741</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Melbourne, FL</b>			City & State <b>Melbourne, FL</b>		
Zip <b>32935</b>		Country		Zip <b>32936</b>	
Country		4. FEI Number <b>59-3182726</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHEATWOOD, MIKE</b> <b>1914 SLONE BLVD.</b> <b>MELBOURNE, FL 32935</b>				7. Name and Address of New Registered Agent Name <b>Marti, Anthony J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1965 Slone Blvd</b> City <b>Melbourne, FL</b> Zip Code <b>32935</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>Anthony J. Marti, Treasurer</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE <b>19 APR 06</b>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>WOOD, MATT</b> <b>1931 SLONE BLVD.</b> <b>MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>Stephens, Vicki</b> <b>1959 Slone Blvd</b> <b>Melbourne, FL 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>MARTI, DAN</b> <b>1965 SLONE BLVD.</b> <b>MELBOURNE, FL 32935</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>Traxler, Marvin</b> <b>1929 Slone Blvd</b> <b>Melbourne, FL 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>ALBERT, DAVE</b> <b>1925 SLOAN BLVD</b> <b>MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>Syarto, David</b> <b>1963 Slone Blvd</b> <b>Melbourne, FL 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>GILB, DAN</b> <b>1935 SLONE BLVD.</b> <b>MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>MALLIS-TURNER, JOLIE</b> <b>1923 SLONE BLVD</b> <b>MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>STEPHANS, VICKI</b> <b>1959 SLONE BLVD</b> <b>MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Anthony J. Marti</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>19 APR 06</b> Daytime Phone # <b>(321) 494-6087</b>	