## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2006 90106 039 \*\*\*\*61 25

DOCUMENT # N9300001390  1. Entity Name EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.					4-21-2006 90	0106 039 ****61.25	
Principal Place 1931 SLONE MELBOURNE	BLVD	Mailing Address POB 360741 MELBOURNE, FL 32935	US	4005	6586	111	
2. Principal P	lace of Business 55 Slone Blvd	3. Mailing Address 360-	741				
Suite, Apt.		Suite, Apt. #, etc.		04182006 <sub>CI</sub>	ng-NP (	CR2E037 (11/05)	
City & Stat	Sbourne, FL	City & State Melbourt	e,FL.	4. FEI Number 59-318272	6	Applied For Not Applicable	
<sup>Zip</sup> 32	935 Country	<sup>zip</sup> 32936	Country	5. Certificate of St	atus Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
CHEATWOOD, MIKE				Name Marti, Anthony J.			
1914 SLONE BLVD. MELBOURNE, FL 32935			Suber At	Street Address (P.O. Box Number is Not Acceptable)			
			City	1965 Stone Melbourne	e Blvd	FL Zinggegas	
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office or		the State of Florid		
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  Output  19 APR 06							
	Signature, typed or printed name of recitiered agent a	Little discoluente (MOTE, C				DATE	
	organization protect range or regional agents	proteer approacher, (note: P	reDatasen vOest arGuana	is reduced when renstating)		DATE	
_,,	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Col	aign Financing	\$5.00 May Be Added to Fees	t.	e check payable to a Department of State	
10.	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR	9. Election Camp Trust Fund Co	aign Financing ntribution.	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	Florida	e check payable to a Department of State AND DIRECTORS IN 10	
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12. Thereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 19, Foliola Statutes. I tuttule that make 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 orath; 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:

CITY J. Marie of BIGHING OFFICER OR DIRECT

19APR.06

(321) 494-6087

Daytime Phone #