2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # N9300001390 1. Entity Name EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.						4-26-2007 9	-		
1965 SLONE BOULEVARD POB 3607		Mailing Address POB 360741 MELBOURNE, FL 32936	60741		A . 14				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address POB 360			741						
Suite, Apt. #, etc. Suite, Apt. #, etc.			• 1 /		04192007 C	Chg-NP	CR2E037	(12/06)	
City & Sta		City & State	~.	+	4. FEI Number			Ap	plied For
MEA Zip	BOURNE, FL. Country	MELBOURUE, FL Zip Country			59-31827	-	<u>\$</u>	8.75 Add	t Applicable
	2935	32936			5. Certificate of S	- 11	F€	e Require	d
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Ad		egistered Ag	ent	
	NTHONY J NE BOULEVARD				11D SV Q Box Number is	ARTO			
	RNE, FL 32935			965	540	UE BL	ZVD		
			City					· 0-3	
	City	ELB	DURNE	-	FL	Ziprog	935		
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office o	r registere	d agent, or both, in	n the State of Flo	orida. I am far	miliar with,	and accept
	X (Walk)	k -			10	APP K	.~		
SIGNATURE		<u>~</u>			17	APR O			
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signat	ure required w	hen reinstating)		DATE	-	
								· · · · · ·	
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing		55.00 May Be Added to Fees		ake check p	ayable to	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	aign Financing ntribution.	O Å	5.00 May Be	Flor	ake check p ida Departm	payable to sent of St	ate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 APR 07

321-729-2697

Daytime Phone #