


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90239 022 \*\*\*\*61.25

<b>DOCUMENT # N93000001390</b> 1. Entity Name <b>EASTWOOD PARK HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1965 SLONE BOULEVARD</b> <b>MELBOURNE, FL 32935</b> <b>US</b>		Mailing Address <b>POB 360741</b> <b>MELBOURNE, FL 32936</b> <b>US</b>	
2. Principal Place of Business - No P.O. Box # <b>1963 SLONE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>POB 360741</b> Suite, Apt. #, etc.	
City & State <b>MELBOURNE, FL</b> Zip    Country <b>32935</b>		City & State <b>MELBOURNE, FL</b> Zip    Country <b>32936</b>	
4. FEI Number <b>59-3182726</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTI, ANTHONY J</b> <b>1965 SLONE BOULEVARD</b> <b>MELBOURNE, FL 32935</b>		7. Name and Address of New Registered Agent Name <b>DAVID SYARTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1963 SLONE BLVD</b> City <b>MELBOURNE</b> <b>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 <u><i>David W. Syarto</i></u> <b>19 APR 07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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	<b>DP</b> <b>STEPHENS, VICKI</b> <b>1959 SLONE BOULEVARD</b> <b>MELBOURNE, FL 32935</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>MARTI, DAN</b> <b>1965 SLONE BLVD.</b> <b>MELBOURNE, FL 32935</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DAVID SYARTO</b> <b>1963 SLONE BLVD</b> <b>MELBOURNE, FL - 32935</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>TRAXLER, MARVIN</b> <b>1929 SLONE BOULEVARD</b> <b>MELBOURNE, FL 32935</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>GARY CORBETT</b> <b>1942 SLONE BLVD</b> <b>MELBOURNE, FL - 32935</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>SYARTO, DAVID</b> <b>1963 SLONE BOULEVARD</b> <b>MELBOURNE, FL 32935</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>MARVIN TRAXLER</b> <b>1929 SLONE BLVD</b> <b>MELBOURNE, FL - 32935</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u><i>David W. Syarto</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>19 APR 07</b> <b>321-729-2697</b> <small>Date    Daytime Phone #</small>	