

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAY -1 AM 9:24**

**DOCUMENT # N94000003240 (8)**

1. Corporation Name

**EASTGROVE ESTATES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**8100 SW 157 STREET  
MIAMI FL 33157**

**8100 SW 157 STREET  
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/27/1994**

3a. Date of Last Report

4. FEI Number

**65-0503566**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip**

**Country**

**28 Zip**

**Country**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status ☐

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DEMPSTER, ROBERT I  
8100 SW 157 STREET  
MIAMI FL 33157**

10. Name and Address of New Registered Agent

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL**

**85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP**

**D/P  
BRIAN PARISER  
12300 SW 78 COURT  
MIAMI, FLORIDA 33157**

☐ Change ☒ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP**

**D/VP  
ROBERT I. DEMPTER  
8100 SW 157 STREET  
MIAMI, FLORIDA 33157**

☐ Change ☒ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP**

**D/T  
CECILIA SLOCUM  
15965 SW 79 AVENUE  
MIAMI, FLORIDA 33157**

☐ Change ☒ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP**

☐ Change ☐ Addition

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT I. DEMPTER**

Date

**APRIL 24 1995**

1005-255-6793