

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90018 021 ****61.25

DOCUMENT # N95000001144 1. Entity Name EASTON PARK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business POST OFFICE BOX 621528 OVIEDO, FL 32765 US		Mailing Address POST OFFICE BOX 621528 OVIEDO, FL 32765 US	
2. Principal Place of Business - No P.O. Box # 4250 Alafaya Trail Suite, Apt. #, etc. Suite 212-345 City & State Oviedo Zip 32765 Country USA		3. Mailing Address 4250 Alafaya Trail Suite, Apt. #, etc. Suite 212-345 City & State Oviedo Zip 32765 Country USA	
		01102007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3354399		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEMUS, ROBYN L 284 EASTON CIRCLE OVIEDO, FL 32765		7. Name and Address of New Registered Agent Name Bruce Grube Street Address (P.O. Box Number is Not Acceptable) 4250 Alafaya Trail Suite 212-345 City Oviedo FL Zip Code 32765	
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>Bruce A. Grube</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1/11/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME HAWLEY, LINDA STREET ADDRESS 215 EASTON CIRCLE CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete	TITLE Director NAME R. M. Drummer STREET ADDRESS 1199 Easton Circle CITY-ST-ZIP Oviedo, FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME VAN CLEEF, PATRICK STREET ADDRESS 208 EASTON CIRCLE CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CARBONE, SABATO STREET ADDRESS 272 EASTON CIRCLE CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MARTINEZ, MARINA STREET ADDRESS 243 EASTON CIRCLE CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SCHWARTZ, JERRY STREET ADDRESS 260 EASTON CIRCLE CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME KLEIN, JASON STREET ADDRESS 204 EASTON CIRCLE CITY-ST-ZIP OVIEDO, FL 32765	<input type="checkbox"/> Delete		<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.			
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/17/2007</u> Daytime Phone # <u>407-484-2405</u>	