2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N95000001144

Entity Name: EASTON PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

169 EASTON CIRCLE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

169 EASTON CIRCLE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3354399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRUMMER, RITA
169 EASTON CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DRUMMER, RITA	
Address:	169 EASTON CIRCLE	
City-St-Zip:	OVIEDO, FL 32765 US	
Title:	VD	( ) Delete
Name:	PHILIP, RUSS	
Address:	264 EASTON CIRCLE	
City-St-Zip:	OVIEDO, FL 32765 US	
Title:	SD	( ) Delete
Name:	MARTINEZ, MARINA	
Address:	243 EASTON CIRCLE	
City-St-Zip:	OVIEDO, FL 32765 US	
Title:	D	( ) Delete
Name:	SCHWARTZ, JERRY	
Address:	260 EASTON CIRCLE	
City-St-Zip:	OVIEDO, FL 32765 US	
Title:	D	( ) Delete
Name:	CARBONE, SABATO	
Address:	272 EASTON CIRCLE	
City-St-Zip:	OVIEDO, FL 32765 US	
Title:	T	( ) Delete
Name:	DRUMMER, DON	
Address:	169 EASTON CIRCLE	
City-St-Zip:	OVIEDO, FL 32765 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON DRUMMER T 04/13/2009

Electronic Signature of Signing Officer or Director — Date