

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004546

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: EASTPARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11655 CENTRAL PARKWAY, #302  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

11655 CENTRAL PARKWAY, #302  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 59-3401975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGEHEE, CLIFFORD G  
11655 CENTRAL PARKWAY, #302  
JACKSONVILLE, FL 32224 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: D ( ) Delete  
Name: PEREZ, MARIA  
Address: 11757 CENTRAL PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: HOWELL, JOE  
Address: 11711 MARCO BEACH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: LIBERA, DANIEL C  
Address: 5353-1 RAMONA BLVD  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete  
Name: WORKMAN, DAVE JR  
Address: 11702 BEACH BLVD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: PETERS, MARK  
Address: 3901 REGENT BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: RIDDELL, BILL  
Address: 3611 ST. JOHNS BLUFF ROAD -SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32224

**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: CLIFFORD G. MCGEHEE

PRES

01/24/2008

Electronic Signature of Signing Officer or Director

Date