

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000828

FILED
May 01, 2008
Secretary of State

Entity Name: EAST POINTE SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ALL ABOUT MANAGEMENT, INC.
1485 INTERNATIONAL PARKWAY, SUITE 1051
LAKE MARY, FL 32746 US

New Principal Place of Business:

ALL ABOUT MANAGEMENT, INC.
201 W CANTON AVE SUITE 125 A
WINTER PARK, FL 32789 US

Current Mailing Address:

ALL ABOUT MANAGEMENT
1485 INTERNATIONAL PARKWAY, SUITE 1051
LAKE MARY, FL 32746 US

New Mailing Address:

ALL ABOUT MANAGEMENT
201 W CANTON AVE SUITE 125 A
WINTER PARK, FL 32789 US

FEI Number: 59-3439831 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALL ABOUT MANAGEMENT, INC
1485 INTERNATIONAL PARKWAY
SUITE 1051
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

ALL ABOUT MANAGEMENT, INC
201 W CANTON AVE SUITE 125 A
WINTER PARK, FL 32789 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: HERNANDEZ, ORLANDO
Address: 3600 KAYLA CIR
City-St-Zip: OVIEDO, FL 32765

Title: ST () Delete
Name: POLCYN, WILLIAM
Address: 3404 KAYLA CIR
City-St-Zip: OVIEDO, FL 32765

Title: P (X) Delete
Name: ONOFRE, JOSEPH
Address: 3420 KAYLA CIR
City-St-Zip: OVIEDO, FL 32765

Title: P (X) Delete
Name: ONOFRE, JOSEPH MR.
Address: 3420 KAYLA CICRLCE
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HERNANDEZ, ORLANDO
Address: 3600 KAYLA CIR
City-St-Zip: OVIEDO, FL 32765

Title: PRES (X) Change () Addition
Name: ONOFRE, JOSEPH
Address: 3420 KAYLA CIR
City-St-Zip: OVIEDO, FL 32765

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: ANGELIA L. GORDON

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date