

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2007  
Secretary of State**

DOCUMENT# N97000005338

Entity Name: EBAN'S PRESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 59-3471502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HART, JAMES W JR  
C/O SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: BELCHER, MICHAEL E  
Address: 6831 BELMAR DR.  
City-St-Zip: ORLANDO, FL 32807

Title: STD ( ) Delete  
Name: ANDUJAR, LANA  
Address: 550 CALADESI TRL  
City-St-Zip: ORLANDO, FL 32807

Title: D ( ) Delete  
Name: BIANCHI, ROBERTO  
Address: 563 CALDESI TRL  
City-St-Zip: ORLANDO, FL 32807

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL E BELCHER

PD

04/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date