

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

DOCUMENT # N98000002289

1. Entity Name
EASTWOOD ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business
12340 EASTHAVEN DR.
SPRING HILL, FL 34609 US

Mailing Address
12340 EASTHAVEN DR.
SPRING HILL, FL 34609 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3552425

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURATOLA, VICTORIA
12384 EAST HAVEN DR.
SPRING HILL, FL 34609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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 PD
NAME CURATOLA, VICTORIA
STREET ADDRESS 12384 EAST HAVEN DR
CITY-ST-ZIP SPRING HILL, FL 34609

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE TD
NAME YARMESCH, GREGORY
STREET ADDRESS 12340 EASTHAVEN DR.
CITY-ST-ZIP SPRING HILL, FL 34609

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE SD
NAME YARMESCH, AMANDA
STREET ADDRESS 12340 EASTHAVEN DRIVE
CITY-ST-ZIP SPRINGHILL, FL 34609

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VD
NAME GANNON, ELIZABETH
STREET ADDRESS 12362 EAST HAVEN DR
CITY-ST-ZIP SPRING HILL, FL 34609

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Victoria Curatola*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40104150
Apr 1 30, 2007 353-428-9592
Date Daytime Phone #

**FILED
May 03, 2007 8:00 am
Secretary of State**

05-03-2007 90037 008 ****61.25