


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90004 014 \*\*\*\*61.25

|                                                                                                 |                                                                                   |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N98000004063</b><br>1. Entity Name<br>EASTLAND COVE HOMEOWNER'S ASSOCIATION, INC. |  |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>1973 NW 45 ST<br>OAKLAND PARK, FL 33309 | Mailing Address<br>1973 NW 45 ST<br>OAKLAND PARK, FL 33309 |
|------------------------------------------------------------------------|------------------------------------------------------------|

40060001



|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

01042007 Chg-NP CR2E037 (12/06)

|                                 |                                 |
|---------------------------------|---------------------------------|
| City & State<br><br>Zip Country | City & State<br><br>Zip Country |
|---------------------------------|---------------------------------|

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>41-2070548 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

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|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
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| <b>6. Name and Address of Current Registered Agent</b><br><br>DEAN, JAMES D<br>1973 NW 45 ST<br>OAKLAND PARK, FL 33309 | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                     |                                                                                  |                                    |                                                          |
|-----------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to Florida Department of State</b> |
|-----------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RE, FRANK<br>4471 NW 20TH AVE<br>OAKLAND PARK, FL 33309<br><input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BROSSEAU, ROBERT<br>4491 NW 20TH AVE<br>OAKLAND PARK, FL 33309<br><input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>PICKELS, JOHN<br>1921 NW 44TH ST<br>OAKLAND PARK, FL 33309<br><input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVTD<br>DEAN, JAMES<br>1973 NW 45TH ST<br>OAKLAND PARK, FL 33309<br><input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DAIGLE, CARL<br>1961 NW 4 STREET<br>OAKLAND PARK, FL 33309<br><input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Nezvalovitz, Richard<br>4402 NW 20 Ave.<br>OAKLAND PARK, FL 33309<br><input type="checkbox"/> Delete     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                   |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Tucker, Julius, VP<br>1963 NW 45 Street<br>Oakland Park, FL 33309<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | EVP<br>Brosseau, Robert<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T/S<br>Elizabeth Dean<br>1973 NW 45 St.<br>Oakland Park, FL 33309<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President<br>Dean, James<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <br><input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:** James D. Dean 2/26/07 954-410-6012  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #