

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004063

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: EASTLAND COVE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1973 NW 45 ST  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1973 NW 45 ST  
OAKLAND PARK, FL 33309

**New Mailing Address:**

FEI Number: 41-2070548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEAN, JAMES D  
1973 NW 45 ST  
OAKLAND PARK, FL 33309 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: VP ( ) Delete  
Name: TUCKER, JULIUS  
Address: 1963 NW 45TH STREET  
City-St-Zip: OAKLAND PARK, FL 33309

Title: EVP ( ) Delete  
Name: BROSSEAU, ROBERT  
Address: 4491 NW 20TH AVE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: TS ( ) Delete  
Name: DEAN, ELIZABETH  
Address: 1973 NW 45TH STREET  
City-St-Zip: OAKLAND PARK, FL 33309

Title: P ( ) Delete  
Name: DEAN, JAMES  
Address: 1973 NW 45TH ST  
City-St-Zip: OAKLAND PARK, FL 33309

Title: VP ( ) Delete  
Name: NEZVADOVITZ, RICHARD  
Address: 4402 NW 20TH AVE.  
City-St-Zip: OAKLAND PARK, FL 33309

Title: VP ( ) Delete  
Name: VEICH, RICK  
Address: 1972 NW 45 ST  
City-St-Zip: FORT LAUDERDALE, FL 33309

**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: JAMES D. DEAN

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date