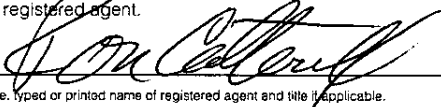


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90520 010 ****61.25

DOCUMENT # N02000007555 1. Entity Name EAST BAY LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2630 SOUTH FALKENBURG RIVERVIEW FL 33569			Mailing Address 2630 SOUTH FALKENBURG RIVERVIEW FL 33569		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLANGELO, MICHAEL 2630 SOUTH FALKENBURG RIVERVIEW FL 33569			Name Ron Cottenill Street Address (P.O. Box Number is Not Acceptable) 400 Tampa St # 2625 City Tampa FL Zip Code 33602		
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. 4/17/04 DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY - ST - ZIP	KESLER, AL 2630 SOUTH FALKENBURG RIVERVIEW FL 33569 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Steve Gamm 2630 S. Falkenburg Rd 5 Riverview Fl. 33569 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COLANGELO, MICHAEL 2630 SOUTH FALKENBURG RIVERVIEW FL 33569 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ed Suchora 2630 S. Falkenburg Rd 5 Riverview Fl. 33569 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JUNE, ROB 2630 SOUTH FALKENBURG RIVERVIEW FL 33569 ☒ 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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	



MOORE CR2E037 (11/03)

4. FEI Number **55-0824276**

Applied For
Not Applicable

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

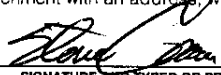
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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 exemption stated in Section 119.07(3)(i), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Gamm

Date

4-11-04 813-663-9002

Daytime Phone #