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	Mailing Address
2630 SOUTH FALKENBURG RIVERVIEW FL 33569	2630 SOUTH FALKENBURG RIVERVIEW FL 33569

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 55-0824276 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLANGELO, MICHAEL
2630 SOUTH FALKENBURG
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name Ron Cotterill

Street Address (P.O. Box Number is Not Acceptable) 400 S 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 Ron Cotterill 4/17/04

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KESLER, AL 2630 SOUTH FALKENBURG RIVERVIEW FL 33569	☑ Delete	T Steve Gamm 2630 S. Falkenburg Rd S Riverview Fl. 33569	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLANGELO, MICHAEL 2630 SOUTH FALKENBURG RIVERVIEW FL 33569	☑ Delete	DP Ed Sughora 2630 S. Falkenburg Rd S Riverview Fl. 33569	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JUNE, ROB 2630 SOUTH FALKENBURG RIVERVIEW FL 33569	☑ Delete		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Steve Gamm Steve Gamm 4-11-04 813-663-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #