2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # N0200007555 1. Entity Name EAST BAY LAKES HOMEOWNERS ASSOCIATION, INC.										_	of S1 4 040 ****	
2630 SOUTH FALKENBURG 263			2630	Mailing Address 2630 SOUTH FALKENBURG RIVERVIEW, FE 33569					asna (lan asm si	IN 88111 88111 8852	isvai emul siiš) ški	- #N N M N
2 Principal P	lace of Busin	2000	1 Mai	ling Address								
2. Principal Place of Business				2880 Schoresz DA					BENR (IBN GES) 61	hn 8 am a <i>u</i> to 62311	IMBAL ATTER BITER OFF	20 D GH
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				04282005	Chg-NP	CR2E	037 (10/03)		
City & State		Cir	City & State St. Posteres bung			, ,	4. FEI Number 55-082	4276			plied For t Applicable	
Zip		Country	3 zi		Cóu	intry		5. Certificate	of Status Desi	red 🔲	\$8.75 Add	litional
	6. Name	and Address of Current					<i>'</i>	7. Name and	Address of N	lew Registere	<u>-</u>	
COEEEDII	I PON					Name						
COFFERILL, RON 400 TAMPA ST #2625						Street A	ddress (I	P.O. Box Numb	er is Not Accep	otable)		
TAMPA, FI	. 33602											
						City				F	L Zip Code	e
		ty submits this statement for tered agent.	or the purp	oose of changing its	register	ed office or	register	ed agent, or bo	th, in the State	of Florida. 1 a	n familiar with,	and accept
SIGNATURE .	Signature, types	for printed name of registered agent	t and title if app	plicable. (NOTE	: Registere	d Agent signeti	ne required	when rematating)		DATE	:	
								-		2411	•	
	_	ne is \$61.25 May 1, 2005		9. Election Carr Trust Fund C	. •	-	<u> </u>	\$5.00 May B	Se	Make che	ck payable to artment of Si	
10.	Due by I		RECTORS	Trust Fund C	Ontribut	ion.		\$5.00 May 6 Added to Fees		Make che Florida Dep	eck payable to artment of Si DIRECTORS IN	110 .
10. TITLE NAME	_	OFFICERS AND DI	RECTORS	Trust Fund C	Contribut	ion.	Da	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OF	Make che Florida Dep	ck payable to ertment of Si	tate
TITLE NAME STREET ADDRESS	T GANON, 2630 S F	OFFICERS AND DI STEVE ALKENBURG RD S	RECTORS	Trust Fund C	11. TITL NAM STRE	E E EET ADDRESS	Da	\$5.00 May B Added to Fees ADDITIONS/CH	ANGES TO OF	Make che Florida Dep	eck payable to artment of Si DIRECTORS IN	110 .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GANON, 2630 S FA	OFFICERS AND DI	RECTORS	Trust Fund C	11. TITL NAM STRI	E E EET ADDRESS '-ST-ZIP	Da Da 94:	\$5.00 May E Added to Fees ADDITIONS/CH TECHOU VINA (S 29 Cyf b sand	ANGES TO OF	Make che Florida Dep	eck payable to artment of Si DIRECTORS IN	110 .
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	T GANON, 2630 S F, RIVERVII	OFFICERS AND DI STEVE ALKENBURG RD S EW, FL 33569	RECTORS	Trust Fund C	11. TITL NAM STRI	E E E E T-ST-ZIP E	Da Da 94:	\$5.00 May E Added to Fees ADDITIONS/CH VIII (S 29 Cyf b 3 M (S 2 e to V	ANGES TO OF	Make che Florida Dep FICERS AND	ck payable to artment of Si DIRECTORS IN Change	110 .
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T GANON, 2630 S F. RIVERVII DP SUCHOR	OFFICERS AND DI STEVE ALKENBURG RD S EW, FL 33569	RECTORS	Trust Fund C	11. TITL NAM STRE CITY TETL NAM STRE	E EET ADDRESS -ST-ZIP E EET ADDRESS	Da Da 94:	\$5.00 May E Added to Fees ADDITIONS/CH VIII (S 29 Cyf b 3 M (S 2 e to V	ANGES TO OF	Make che Florida Dep FICERS AND	ck payable to artment of Si DIRECTORS IN Change	110 .
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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 trospective 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 other like empowered.

SIGNATURE: David Best Director 4/21/05 727-255-555