2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90037 012 ****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	2870 SCHERER DRIVE NORTH 100 SAINT PETERSBURG FL 33716

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Sterling Management Services 2870 Scherer Drive N., Suite 100 St. Petersburg, FL 33716	Sterling Management Services 2870 Scherer Drive N., Suite 100 St. Petersburg, FL 33716

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	7. Name and Address of New Registered Agent
COFFERILL, RON 1010 N. FLORIDA AVE TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	P KNOWLES, BRANDY 9543 CYPRESS HARBOR DR GIBSONTON FL 33534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, LEELLEN 9626 CYPRESS HARBOR DR. GIBSONTON, FL. 33534	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARPLE, CHERLYNN 9531 CYPRESS HARBOUR DR GIBSONTON FL 33534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUEVAS, JAMIE 9510 CYPRESS HARBOR DR. GIBSONTON, FL. 33534	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCGREG, SHARON 9609 CYPRESS HARBOUR DR GIBSONTON FL 33534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEMAN, RAYMOND 940 3 CYPRESS HARBOUR DR GIBSONTON FL 33534	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOYLE, JOSEPH 9730 CYPRESS HARBOUR DR GIBSONTON FL 33534	☑ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 3/21/2007 813-222-0577