2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007555

FILED Mar 13, 2009 Secretary of State

Entity Name: EAST BAY LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

STERLING MGMT SRVS 14813 TURNER ROAD 2870 SCHERER DR N STE 100 TAMPA, FL 33624 SAINT PETERSBURG, FL 33716

Current Mailing Address: New Mailing Address:

STERLING MGMT SRVS 14813 TURNER ROAD 2870 SCHERER DR N STE 100 TAMPA, FL 33624 SAINT PETERSBURG, FL 33716

FEI Number: 55-0824276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

COFFERILL, RON HELBIG, DENISE
1010 N. FLORIDA AVE 14813 TURNER ROAD
TAMPA, FL 33602 US TAMPA, FL 33624 US

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: DENISE HELBIG 03/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 KNOWLES, BRANDY
 Name:
 KNOWLES, BRANDY

 Address:
 9543 CYPRESS HARBOR DR
 Address:
 9543 CYPRESS HARBOR DR

City-St-Zip: GIBSONTON, FL 33534 Address: 9543 CYPRESS HARBOR L

Title: VP () Delete Title: VPD (X) Change () Addition Name: MARPLE, CHERLYNN Name: MARPLE, CHERLYNN

Address: 9531 CYPRESS HARBOUR DR
City-St-Zip: 9531 CYPRESS HARBOUR DR
City-St-Zip: GIBSONTON, FL 33534
City-St-Zip: GIBSONTON, FL 33534

Title: S () Delete Title: SD (X) Change () Addition Name: MCGREG, SHARON Name: ENGERKSI, LYNN

Address: 9609 CYPRESS HARBOUR DR Address: 9621 CYPRESS HARBOUR DR
City-St-Zip: GIBSONTON, FL 33534 City-St-Zip: GIBSONTON, FL 33534

Title: D () Delete Title: D (X) Change () Addition

Name: CUEVAS, JAMIE Name: CUEVAS, JAIME
Address: 9510 CYPRESS HARBOR DR Address: 9510 CYPRESS HARBOUR DR

City-St-Zip: GIBSONTON, FL 33534 City-St-Zip: GIBSONTON, FL 33534

Name: JONES, LEELLEN Name: JONES, LEELLEN

Address: 9626 CYPRESS HARBOR DR Address: 9626 CYPRESS HARBOR DR City-St-Zip: GIBSONTON, FL 33534 GIBSONTON, FL 33534

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: BRANDY KNOWLES PD 03/13/2009