2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -9 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007555

1. Entity Name
EAST BAY LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5911 BRECKENRIDGE PKWY STE H TAMPA, FL 33610	5911 BRECKENRIDGE PKWY STE H TAMPA, FL 33610

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2630 SOUTH FALKENBURG Suite, Apt. #, etc.	2630 SOUTH FALKENBURG Suite, Apt. #, etc.
City & State: RIVERVIEW, FL Zip: HILLSBOROUGH 33569 Country	City & State: RIVERVIEW, FL Zip: HILLSBOROUGH 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

DORAN, JULE
5911 BRECKENRIDGE PKWY STE H
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name: MICHAEL COLANGELO
Street Address (P.O. Box Number is Not Acceptable): 2630 SOUTH FALKENBURG RD.
City: RIVERVIEW FL Zip Code: 33569

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] MICHAEL COLANGELO 12/MARCH/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW. FEE IS $61.25

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	D KESLER, AL 5911 BRECKENRIDGE PKWY STE H TAMPA, FL 33610	☐ Delete	~~PRESIDENT~~ T AL KESLER 2630 SOUTH FALKENBURG RD. RIVERVIEW FL 33569.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORAN, JULE 5911 BRECKENRIDGE PKWY STE H TAMPA, FL 33610	☒ Delete	~~VICE PRESIDENT~~ T MICHAEL COLANGELO 2630 SOUTH FALKENBURG RD. RIVERVIEW FL, 33569.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILTSE, STEVE 5911 BRECKENRIDGE PKWY STE H TAMPA, FL 33610	☒ Delete	TITLE ~~SECRETARY~~ T NAME ROB JUNE 2630 SOUTH FALKENBURG RD. RIVERVIEW, FL 33569.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300013174283 03/03/03--01036--005 **472.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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] MICHAEL COLANGELO 12/MARCH/03 813 781-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #