

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90021 012 ****61.25

DOCUMENT # N37913

1. Entity Name

EASTWOOD LANDINGS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~1633 PERIWINKLE WAY~~ *Almas Court* ~~1633 PERIWINKLE WAY~~
~~P.O. BOX 100~~ P.O. BOX 100
 SANIBEL FL 33957 SANIBEL FL 33957-0100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0452600

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JAMBECK NICK
1633 PERIWINKLE WAY
P.O. BOX 100
SANIBEL FL 33957

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.

SIGNATURE

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

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BURNS, JOSEPH M.	1456 PERIWINKLE WAY	SANIBEL FL	<input checked="" type="checkbox"/>
STD	BURNS, JOAN K.	1456 PERIWINKLE WAY	SANIBEL FL	<input checked="" type="checkbox"/>
D	MURTY, TIMOTHY J.	1633 PERIWINKLE WAY	SANIBEL FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Don Egensteiner	912 Almas Ct	SANIBEL, FL 33957	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Carolyn Dix	212 E. Liberty St	Woolster, OH 44691	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Wanda Dubbe	3069 Highpointe Curve	ROSEMILLE, MN 55113	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	John Dale	8 Pleasant Place	CARMD, NY 10512	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Donald Egensteiner* **Donald Egensteiner** 4/1/00 472 5020
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)