


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90194 015 \*\*\*\*61.25

<b>DOCUMENT # N37913</b>					
1. Entity Name EASTWOOD LANDINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ALMAS CT SANIBEL, FL 33957			Mailing Address P.O. BOX100 SANIBEL, FL 33957		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0452600	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JAMBECK NICK 703 TARPON BAY RD. STE B SANIBEL, FL 33957			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGENSTEINER, DON		NAME	Francine Dale	
STREET ADDRESS	912 ALMAS CT		STREET ADDRESS	403 Almas Ct.	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	Sanibel FL 33957	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIX, CAROLYN		NAME	Richard Dubbe	
STREET ADDRESS	212 E LIBERTY ST		STREET ADDRESS	904 Almas Ct	
CITY-ST-ZIP	WOOSTER, OH 44691		CITY-ST-ZIP	Sanibel FL 33957	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITSON, SHIRLEC		NAME	Jane P. Hildone	
STREET ADDRESS	P.O. BOX 1104		STREET ADDRESS	2147 Larmouth Rd.	
CITY-ST-ZIP	FINDLAY, OH 45839		CITY-ST-ZIP	Bloomfield Vlg MA 01830	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSSER, DAVID		NAME		
STREET ADDRESS	911 ALMAS CT		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 empowerments.					
SIGNATURE: <u>Richard Dubbe</u>		Date: <u>4-26-04</u>		Daytime Phone #: <u>239-472-5020</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					