
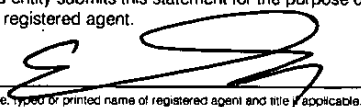


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90240 009 ****61.25

DOCUMENT # N37913					
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			
Zip	Country	Zip	Country	4. FEI Number 65-0452600	Applied For Not Applicable
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 <i>Steve Mackesy</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>711 Tarpon Bay Road</i>	
				Suite, Apt. #, etc. <i>Suite D</i>	
				City <i>Sanibel</i> FL Zip Code <i>33957</i>	
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 		<i>Steve Mackesy</i>		DATE <i>4-13-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALE, FRANCINE	NAME			
STREET ADDRESS	903 ALMAS CT.	STREET ADDRESS			
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUBBE, RICHARD	NAME			
STREET ADDRESS	904 ALMAS CT.	STREET ADDRESS			
CITY-ST-ZIP	SANIBEL, FL 33957	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITSON, SHIRLEC	NAME			
STREET ADDRESS	P.O. BOX 1104	STREET ADDRESS			
CITY-ST-ZIP	FINDLAY, OH 45839	CITY-ST-ZIP			
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETTIBONE, JANE	NAME			
STREET ADDRESS	2147 YARMOUTH RD.	STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48301	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 empowered.					
SIGNATURE: <i>Kinder Courtney as agent</i>				Date: <i>4/12/2005</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

