


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90162 049 ****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 | | | |
| | | | | 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 | | | | |
| MACKSEY, STEVE 711 TARON BAY ROAD SUITE D 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. 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> | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | DALE, FRANCINE | | NAME | Alex Felker | | | |
| STREET ADDRESS | 903 ALMAS CT. | | STREET ADDRESS | 920 Almas Court | | | |
| CITY-ST-ZIP | SANIBEL, FL 33957 | | CITY-ST-ZIP | Sanibel FL 33957 | | | |
| 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 exemptions contained 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 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>Richard Dubbe</i> | | <i>Vice Pres. Richard Dubbe</i> | | <i>4/18/06 239-412-1601</i> | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | | | |