


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90356 011 ****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 - No P.O. Box #		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		
MACKESY, STEVEN 711 TARON BAY ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	FELKER, ALEX		NAME		
STREET ADDRESS	920 ALMAS CT.		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUBBE, RICHARD		NAME	Egenstein, Don	
STREET ADDRESS	904 ALMAS CT.		STREET ADDRESS	712 Almas Ct	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITSON, SHIRLEC		NAME	Dale, Francine	
STREET ADDRESS	P.O. BOX 1104		STREET ADDRESS	8 PLEASANT PLACE	
CITY-ST-ZIP	FINDLAY, OH 45839		CITY-ST-ZIP	CARME NY 10512	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROSSER, DAVID		NAME	Baier, Elizabeth	
STREET ADDRESS	911 ALMAS CT		STREET ADDRESS	2936 London Rd	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	Duluth, MN 55804	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" 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>Chip J. Felker</i>		Alex Felker		4/24/08 2594729507	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	