

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90170 032 ****61.25

DOCUMENT # N37913

1. Entity Name
EASTWOOD LANDINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1630 PERIWINKLEWAY Almas Court P.O. BOX 100 SANIBEL FL 33957



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0452600		Applied For
Suite, Apt. #, etc. Almas Court		Suite, Apt. #, etc.		City & State		Not Applicable
City & State Same		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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	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 _____

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CR2E037 (10/02)
NAME	EGENSTEINER, DON		NAME	Prosser David			
STREET ADDRESS	912 ALMAS CT		STREET ADDRESS	911 Almas Ct			
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	DIX, CAROLYN		NAME				
STREET ADDRESS	212 E LIBERTY ST		STREET ADDRESS				
CITY-ST-ZIP	WOOSTER OH 44691		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WHITSON, SHIRLEY		NAME				
STREET ADDRESS	P.O. BOX 1104		STREET ADDRESS				
CITY-ST-ZIP	FINDLAY OH 45839		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				

POSTED

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 4/5/03 2394773022