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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N51040** (6)  
1. Corporation Name  
**EASTWOOD HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**7200 NORTH 9TH AVENUE SUITE 6 PENSACOLA FL 32504**

**7200 NORTH 9TH AVENUE SUITE 6 PENSACOLA FL 32504**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3156767** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **EPM Inc.** 26 **EPM Inc.**

22 **4711-A Scenic Hwy.** 27 **4711-A Scenic Hwy.**

23 **Pensacola FL** 28 **Pensacola FL**

24 **32504** 25 Country 29 **32504** 30 Country

9. Name and Address of Current Registered Agent

**DICKSON, MAX L.**  
**7200 NORTH 9TH AVENUE SUITE 6 PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DICKSON, MAX L. 7200 N 9TH AVE #6 PENSACOLA FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>PD Roger Morrison 525 Eastwood Place Pensacola FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KENNIF, J.D. 7200 N 9TH AVE #6 PENSACOLA FL 32504</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<b>SD Scott Miller 8044 Eastwood Lane Pensacola FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORRIS, GAIL D. 7200 N 9TH AVE #6 PENSACOLA FL 32504</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<b>D Carol Tanksley 8012 Eastwood Lane Pensacola FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<b>VD James Fricke 8052 Eastwood Lane Pensacola FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<b>TD Paul Pepler 8021 Eastwood Lane Pensacola FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an addendum.

SIGNATURE: *Roger Morrison* 2/17/94 484-5313

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR