

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N51040 (6)

1. Corporation Name

EASTWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

EPM INC.  
4711-A SCENIC HWY  
PENSACOLA FL 32504  
US

EPM INC.  
4711-A SCENIC HWY  
PENSACOLA FL 32504  
US

3. Date Incorporated or Qualified  
09/28/1992

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

QUINN, MARIE J

82 Street Address (P.O. Box Number is Not Acceptable)

8028 EASTWOOD LANE

83

84 City

PENSACOLA

FL

85 Zip Code

32514

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Marie J. Quinn*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/24/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORRISON, ROGER	
STREET ADDRESS	525 EASTWOOD PLACE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, SCOTT	
STREET ADDRESS	8044 EASTWOOD LANE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TANKSLEY, CAROL	
STREET ADDRESS	8012 EASTWOOD LANE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRICKE, JAMES	
STREET ADDRESS	8052 EASTWOOD LANE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEPLER, PAUL	
STREET ADDRESS	8021 EASTWOOD LANE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	QUINN, MARIE J.	
1.3 STREET ADDRESS	8028 EASTWOOD LANE	
1.4 CITY - ST - ZIP	PENSACOLA, FL 32514	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, SCOTT	
2.3 STREET ADDRESS	8044 EASTWOOD LANE	
2.4 CITY - ST - ZIP	PENSACOLA, FL <del>32514</del> 32514	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TANKSLEY, CAROL	
3.3 STREET ADDRESS	8012 EASTWOOD LN	
3.4 CITY - ST - ZIP	PENSACOLA, FL <del>32514</del> 32514	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KIRK, MARGARET	
4.3 STREET ADDRESS	8024 EASTWOOD LANE	
4.4 CITY - ST - ZIP	PENSACOLA, FL 32514	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PEPLER, PAUL	
5.3 STREET ADDRESS	8021 EASTWOOD LANE	
5.4 CITY - ST - ZIP	PENSACOLA, FL <del>32514</del> 32514	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul G. Pepler* PAUL G. PEPLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 25, 1996

Date

478-1194

Daytime Phone #

CR2E037 (12/95)