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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 32504-8018  
US

3. Date Incorporated or Qualified  
09/28/1992

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

21 3298 SUMMIT BLVD.

Suite, Apt. #, etc.

22 SUITE 4

City & State

23 PENSACOLA, FL.

Zip

24 32503

Country

25 ESCAMBIA

2a. Mailing Address

26 3298 SUMMIT BLVD.

Suite, Apt. #, etc.

27 SUITE 4

City & State

28 PENSACOLA, FL.

Zip

29 32503

Country

30 ESCAMBIA

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

QUINN, MARIE J.  
8028 EASTWOOD LANE  
~~SUITE 4~~  
PENSACOLA FL 32514

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME QUINN, MARIE J.  
STREET ADDRESS 8028 EASTWOOD LANE  
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME MILLER, SCOTT  
STREET ADDRESS 8044 EASTWOOD LANE  
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE  Change  Addition  
2.2 NAME JACOB, ANNA  
2.3 STREET ADDRESS 8008 EASTWOOD LANE  
2.4 CITY-ST-ZIP PENSACOLA, FL. 32514

TITLE DV  DELETE  
NAME TANKSLEY, CAROL  
STREET ADDRESS 8012 EASTWOOD LN.  
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE  Change  Addition  
3.2 NAME QARLES, DORA  
3.3 STREET ADDRESS 8052 EASTWOOD LANE  
3.4 CITY-ST-ZIP PENSACOLA, FL. 32514

TITLE D  DELETE  
NAME KIRK, MARGARET  
STREET ADDRESS 8024 EASTWOOD LANE  
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE  Change  Addition  
4.2 NAME FULLER, WILLIAM  
4.3 STREET ADDRESS 624 EASTWOOD LANE  
4.4 CITY-ST-ZIP PENSACOLA, FL. 32514

TITLE TD  DELETE  
NAME PEPLER, PAUL  
STREET ADDRESS 8021 EASTWOOD LANE  
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(3)(i), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL G. PEPLER 2/26/97

418-4194  
Daytime Phone # 0072753

CR2E037 (9/96)