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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51040 (6)
 1. Corporation Name
EASTWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3298 SUMMIT BLVD SUITE 4 PENSACOLA FL 32503 US	Mailing Address 3298 SUMMIT BLVD SUITE 4 PENSACOLA FL 32503 US
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3. Date Incorporated or Qualified 09/28/1992	
4. FEI Number 59-3156767	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	2a. Suite, Apt. #, etc.
22. City & State	2b. City & State
23. Zip	2c. Zip
24. Country	2d. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**QUINN, MARIE J.
8028 EASTWOOD LANE
SUITE 6
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	QUINN, MARIE J.	
STREET ADDRESS	8028 EASTWOOD LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACOB, ANNA	
STREET ADDRESS	8008 EASTWOOD LN	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	QARLES, DORA	
STREET ADDRESS	8052 EASTWOOD LN	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, WILLIAM	
STREET ADDRESS	624 EASTWOOD LN	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Annette White	
1.3 STREET ADDRESS	529 Eastwood Place	
1.4 CITY-ST-ZIP	Pensacola, Fl. 32514	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anna Jacob	
2.3 STREET ADDRESS	8008 Eastwood Lane	
2.4 CITY-ST-ZIP	Pensacola, Fl. 32514	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Wooten	
3.3 STREET ADDRESS	620 Eastwood Circle	
3.4 CITY-ST-ZIP	Pensacola, Fl. 32514	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mark Ellison	
4.3 STREET ADDRESS	625 Eastwood Circle	
4.4 CITY-ST-ZIP	Pensacola, Fl. 32514	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Anna Jacob* ANNA JACOB 4-28-98 850 424-3585

CR2E037 (10/97)