


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90114 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N51040 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	



2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 09/28/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3156767
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 Ray O. Etheridge 82 Street Address (P.O. Box Number is Not Acceptable) 3298 Summit Blvd., 83 Suite 4 84 City Pensacola FL 85 Zip Code 32503		
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: <i>Ray O. Etheridge</i> DATE: 4-27-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD NAME WHITE, ANNETTE STREET ADDRESS 529 EASTWOOD PL CITY-ST-ZIP PENSACOLA FL 32514	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VPD 1.2 NAME Louis Silversteen 1.3 STREET ADDRESS 8000 Eastwood Lane 1.4 CITY-ST-ZIP Pensacola, Fl. 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME JACOB, ANNA STREET ADDRESS 8008 EASTWOOD LN CITY-ST-ZIP PENSACOLA FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME WOOTEN, J STREET ADDRESS 620 NEASTWOOD CIR CITY-ST-ZIP PENSACOLA FL 32514	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME ELLISON, M STREET ADDRESS 625 EASTWOOD CIR CITY-ST-ZIP PENSACOLA FL 32514	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD 4.2 NAME Paul Peppler 4.3 STREET ADDRESS 8021 Eastwood Lane 4.4 CITY-ST-ZIP Pensacola, Fl. 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Max Morrison 5.3 STREET ADDRESS 520 Eastwood Place 5.4 CITY-ST-ZIP Pensacola, Fl. 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Paul Peppler* REA WIFE PEPLER DATE: 4/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1-1/98)