

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90031 014 ****70.00

DOCUMENT # N51040

1. Entity Name

EASTWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3298 SUMMIT BLVD
 SUITE 4
 PENSACOLA FL 32503
 US

3298 SUMMIT BLVD
 SUITE 4
 PENSACOLA FL 32503-4350
 US

2. Principal Place of Business

8036 EASTWOOD LANE

3. Mailing Address

8036 EASTWOOD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

City & State

PENSACOLA, FLORIDA

4. FEI Number

59-3156767

Applied For

Not Applicable

Zip

32514

Country

US

Zip

32514

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ETHERIDGE, RAY
3298 SUMMIT BLVD
STE 4
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name **JOHN P. VILLANOVA, CPA**
 Street Address (P.O. Box Number is Not Acceptable)
8036 EASTWOOD LANE
 City **PENSACOLA** **FL** Zip Code **32514**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *John P. Villanova* **JOHN P. VILLANOVA, CPA - TREASURER** **4/25/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SILVERSTEEN, LOUIS	
STREET ADDRESS	8000 EASTWOOD LANE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JACOB, ANNA	
STREET ADDRESS	8008 EASTWOOD LN	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WOOTEN, J	
STREET ADDRESS	620 NEASTWOOD CIR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PEPPLER, PAUL	
STREET ADDRESS	8021 EASTWOOD LANE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, MAX	
STREET ADDRESS	520 EASTWOOD LANE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN P. VILLANOVA	
STREET ADDRESS	8036 EASTWOOD LANE	
CITY-ST-ZIP	PENSACOLA, FL 32514	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anna M. Jacob* **ANNA M. JACOB** **PRESIDENT** **4/26/00** **850-494-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)