


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N51040
 1. Entity Name
 EASTWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 P.O BOX 11862 P.O BOX 11862
 PENSACOLA, FL 32524 US PENSACOLA, FL 32524 US

DO NOT WRITE IN THIS SPACE



01142005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3156767	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COLLINS, ROGER
 8016 EASTWOOD LN
 PENSACOLA, FL 32514

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, SARAH 8056 EASTWOOD LANE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHLEY, SHANDY 8009 EASTWOOD LANE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUARLES, DORA 8052 EASTWOOD LANE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, ROGER 8016 EASTWOOD LN PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Roger Collins* **ROGER COLLINS, TREASURER** 1/15/05 (850) 456-9913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #