2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51040

FILED Jan 08, 2009 Secretary of State

Entity Name: EASTWOOD HOMEOWNERS ASSOCIATION, INC.

| Current Pri | incipal Place o | of Business: | New Principal Place | e of Business: |
|--|--|--|--|--|
| P.O BOX 11 PENSACOL | 1862 LA, FL 32524 | US | | |
| Current Ma | ailing Address | :: | New Mailing Addres | ss: |
| P.O BOX 11 PENSACOL | 1862 LA, FL 32524 | US | | |
| FEI Number: | 59-3156767 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and . | Address of Cu | ırrent Registered Agent: | Name and Address | of New Registered Agent: |
| | WOOD LN LA, FL 32514 | US | | |
| Tha - haire | namod ontity ci | ibmits this statement for the r | ourpose of changing its registers | ed office or registered agent, or both, |
| | | abilities this statement for the p | an pood of changing he rogicies | <i>G G</i> , , , |
| in the State | of Florida. E: | , | | |
| in the State | of Florida. E: | c Signature of Registered Age | | Date |
| in the State SIGNATUR | of Florida. E: | c Signature of Registered Age | ent | |
| in the State SIGNATUR | of Florida. E:Electronic | c Signature of Registered Age ORS: Delete RY ANN D LN | ent | Date |
| in the State SIGNATUR OFFICERS Title: Name: Address: | of Florida. Electronic AND DIRECT VP () I MCDONALD, MA 8048 EASTWOO PENSACOLA, FL | C Signature of Registered Age ORS: Delete RY ANN D LN . 32514 Delete UCE D LN | ent ADDITIONS/CHANG Title: Name: Address: | Date BES TO OFFICERS AND DIRECTORS |
| in the State SIGNATUR OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: | of Florida. Electronic AND DIRECT VP () I MCDONALD, MA 8048 EASTWOO PENSACOLA, FL P () I MCDONALD, BR 8048 EASTWOO PENSACOLA, FL | C Signature of Registered Age ORS: Delete RY ANN D LN . 32514 Delete UCE D LN . 32514 Delete | ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: | Date BES TO OFFICERS AND DIRECTORS () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER COLLINS T 01/08/2009