

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51040

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** EASTWOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O BOX 11862  
PENSACOLA, FL 32524 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 11862  
PENSACOLA, FL 32524 US

**New Mailing Address:**

**FEI Number:** 59-3156767      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COLLINS, ROGER  
8016 EASTWOOD LN  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCDONALD, BRUCE  
Address: 8048 EASTWOOD LN  
City-St-Zip: PENSACOLA, FL 32514

Title: VP  
Name: MCCORMICK, SHAUN  
Address: 8008 EASTWOOD LN  
City-St-Zip: PENSACOLA, FL 32514

Title: S  
Name: ELLEDGE, ELAINE  
Address: 8020 EASTWOOD LN  
City-St-Zip: PENSACOLA, FL 32514

Title: T  
Name: COLLINS, ROGER  
Address: 8016 EASTWOOD LN  
City-St-Zip: PENSACOLA, FL 32514

Title: AL  
Name: EUMONT, ELAINE  
Address: 528 EASTWOOD PLACE  
City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: ROGER COLLINS

TRES

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date