


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90943 035 ****70.00


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



Principal Place of Business Mailing Address
**8036 EASTWOOD LN.
PENSACOLA FL 32514
US** **8036 EASTWOOD LN.
PENSACOLA FL 32514
US**

2. Principal Place of Business 3. Mailing Address
P.O. BOX 11862 **P.O. BOX 11862**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PENSACOLA, FL. **PENSACOLA, FL**
Zip Country Zip Country
32524-1862 **32524-1862**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3156767** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**VILLANUEVA, JOHN P CPA
8036 EASTWOOD LN.
PENSACOLA FL 32514**

7. Name and Address of New Registered Agent
Name **ROGER COLLINS**
Street Address (P.O. Box Number is Not Acceptable)
8016 EASTWOOD LN
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Roger Collins DATE: 2/22/03
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 Florida 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	S	<input type="checkbox"/> Delete
NAME	MORRISON, MAX	
STREET ADDRESS	520 EASTWOOD LANE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VILLANUEVA, JOHN P	
STREET ADDRESS	8036 EASTWOOD LN	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER COLLINS	
STREET ADDRESS	8016 EASTWOOD LN	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SILVERSTEEN, LOUIS 02/22/03

CR2E037 (10/02)