


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90140 009 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N98000002289</b>		
1. Corporation Name <b>EASTWOOD ESTATES OWNERS ASSOCIATION, INC.</b>		

\* 2 7 2 8 2 4 \*



Principal Place of Business C/O REMAX ADVANTAGE REALTY 4320 LAKE IN THE WOODS DRIVE SPRING HILL FL 34607	Mailing Address C/O REMAX ADVANTAGE REALTY 4320 LAKE IN THE WOODS DRIVE SPRING HILL FL 34607
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/20/1998 4. FEI Number 59-3552425 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent KOLEAN, DENNIS E 4320 LAKE IN THE WOODS DRIVE SPRING HILL FL 34607	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLEAN, LUNETTE R	1.2 NAME	KOLEAN, LUNETTE R
STREET ADDRESS	4320 LAKE IN THE WOODS DRIVE	1.3 STREET ADDRESS	4320 LAKE IN THE WOODS DR
CITY-ST-ZIP	SPRING HILL FL 34607	1.4 CITY-ST-ZIP	SPRING HILL FL 34607
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLEAN, DENNIS E	2.2 NAME	KOLEAN, DENNIS E
STREET ADDRESS	4320 LAKE IN THE WOODS DRIVE	2.3 STREET ADDRESS	4320 LAKE IN THE WOODS DR
CITY-ST-ZIP	SPRING HILL FL 34607	2.4 CITY-ST-ZIP	SPRING HILL FL 34607
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, PHILIP C	3.2 NAME	DOBSON, PHILIP C
STREET ADDRESS	4300 LAKE IN THE WOODS DRIVE	3.3 STREET ADDRESS	4300 LAKE IN THE WOODS DR
CITY-ST-ZIP	SPRING HILL FL 34607	3.4 CITY-ST-ZIP	SPRING HILL FL 34607
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE OF REGISTERED AGENT Eunette R. Kolean 2/11/99 (352) 596-9999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)