2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State
05-03-2004 91222 024 ****61.25

DOCUMENT # N96000001431

1. Entity Name
EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2430 ESTANCIA BLVD STE 114 CLEARWATER, FL 33761	2430 ESTANCIA BLVD STE 114 CLEARWATER, FL 33761

04142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1050A EAST LAKE WOODLANDS PKWY	1050A EAST LAKE WOODLANDS PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLDSMAR FL	City & State: OLDSMAR FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

4. FEI Number: 59-3375272 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA CENTRAL MANAGEMENT 2430 ESTANCIA BLVD. SUITE 114 CLEARWATER, FL 33761	Name: SCANNAVINO, DOMINICK Street Address (P.O. Box Number is Not Acceptable): 1050A EAST LAKE WOODLANDS PARKWAY City: OLDSMAR FL Zip Code: 34677

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: Dominick Scannavino 5/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHEINSER, NANCY 1761 HAWTHORNE CT OLDSMAR, FL 34677	☐ Delete	PD SHEINBERG, NANCY 1761 HAWTHORNE COURT OLDSMAR FL 34677	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHEINBERT, GARY 1761 HAWTHORNE CT OLDSMAR, FL 34677	☐ Delete	TD SHEINBERG, GARY 1761 HAWTHORNE COURT OLDSMAR, FL 34677	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MORATON, SERGIO 1806 SPLIT FORK DR OLDSMAR, FL 34677	☐ Delete	VD MORATON, SERGIO 1806 SPLIT FORK DR. OLDSMAR, FL 34677	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNA, DEAN 1714 SPUT FORK DR OLDSMAR, FL 34677	☐ Delete	SD DEAN, JOHNA 1714 SPLIT FORK DR. OLDSMAR FL 34677	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRY, RISSAN 1807 SPLIT FORK DR OLDSMAR, FL 34677	☒ Delete	D DEAN, JAMES 1714 SPLIT FORK DR. OLDSMAR FL 34677	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, RICARDO 1641 GRAM BANK DR OLDSMAR, FL 34677	☐ Delete	D GARCIA, RICARDO 1641 GRAY BARK DR. OLDSMAR FL 34677	☒ Change ☐ Addition

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: 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #