2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State
02-28-2006 90010 034 ****61.25

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1. Entity Name
EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1050 A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677	1050 A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
SCANNAVINO, DOMINICK 1050A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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, 2006

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	D SHEINBERG, NANCY 1761 HAWTHORNE CT OLDSMAR, FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEINBERG, GARY 1761 HAWTHORNE CT OLDSMAR, FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Belcher, Dan 1791 Split Fork Dr Oldsmar, FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, CHAD 1712 IAK POND CT OLDSMAR, FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOSCANI, KRIS 1617 SHADY OAKS DR OLDSMAR, FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOMASULO ANN 1761 OAK POND CT. OLDSMAR, FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONOMO, ROBERT 1801 SPLIT FORK DR OLDSMAR, FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GARCIA, RICARDO 1641 GRAY BARK DR OLDSMAR, FL 34677	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nancy L Sheinberg 2/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #