

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90037 012 ****61.25

DOCUMENT # N02000007555

1. Entity Name

EAST BAY LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2630 SOUTH FALKENBURG
RIVERVIEW FL 33569

Mailing Address

2870 SCHERER DRIVE NORTH
100
SAINT PETERSBURG FL 33716



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Sterling Management Services
2870 Scherer Drive N., Suite 100

Sterling Management Services
2870 Scherer Drive N., Suite 100

1st MOORE

CR2E037 (10/07)

City & State
St. Petersburg, FL 33716

City & State
St. Petersburg, FL 33716

4. FEI Number

55-0824276

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COFFERILL, RON
1010 N. FLORIDA AVE
TAMPA FL 33602

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 the filer (applicable)

(NOTE: Registered Agent signature is required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	☐ Delete
NAME	KNOWLES, BRANDY	
STREET ADDRESS	9543 CYPRESS HARBOR DR	
CITY- ST- ZIP	GIBSONTON FL 33534	
TITLE	VP	☐ Delete
NAME	MARPLE, CHERLYNN	
STREET ADDRESS	9531 CYPRESS HARBOUR DR	
CITY- ST- ZIP	GIBSONTON FL 33534	
TITLE	S	☐ Delete
NAME	MC GREG, SHARON	
STREET ADDRESS	9609 CYPRESS HARBOUR DR	
CITY- ST- ZIP	GIBSONTON FL 33534	
TITLE	D	☒ Delete
NAME	COLEMAN, RAYMOND	
STREET ADDRESS	940 3 CYPRESS HARBOUR DR	
CITY- ST- ZIP	GIBSONTON FL 33534	
TITLE	T	☒ Delete
NAME	BOYLE, JOSEPH	
STREET ADDRESS	9730 CYPRESS HARBOUR DR	
CITY- ST- ZIP	GIBSONTON FL 33534	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	JONES, LEELEN	
STREET ADDRESS	9626 CYPRESS HARBOR DR.	
CITY- ST- ZIP	GIBSONTON, FL. 33534	
TITLE	D	☐ Change ☒ Addition
NAME	CUEVAS, JAMIE	
STREET ADDRESS	9510 CYPRESS HARBOR DR.	
CITY- ST- ZIP	GIBSONTON, FL. 33534	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

3/21/2007 813-222-0577