## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001431

FILED Jan 15, 2009 Secretary of State

Entity Name: EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 720 BROOKER CREEK BLVD. #206 OLDSMAR, FL 34677 **Current Mailing Address: New Mailing Address:** 720 BROOKER CREEK BLVD. #206 OLDSMAR, FL 34677 FEI Number: 59-3375272 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCANNAVINO, INC 720 BROOKER CREEK BLVD. #206 OLDSMAR, FL 34677 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: STD () Change () Addition () Delete ROBINSON, CHAD Name: Name: 1712 IAK POND CT Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: () Delete Title: () Change () Addition MOONEYHAN, DIANNA Name: Name: Address: 1758 OAK POND CT. Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: Title: () Delete Title: () Change () Addition DINELLI, JOSEPH Name: Name: 1604 SHADY OAKS DR. Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: ( ) Delete Title: PD Title: PD (X) Change ( ) Addition Name: TOMASULD, ANN Name: TOMASULO, ANN 1761 OAK POND CT. Address: 1761 OAK POND CT. Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677 Title: () Delete Title: ( ) Change (X) Addition VAN VALIN, ROBERT Name: Name: 1637 GRAY BARK DRIVE Address: Address: City-St-Zip: City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN TOMASULO PD 01/15/2009