

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -9 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000007555

1. Entity Name
EAST BAY LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**5911 BRECKENRIDGE PKWY STE H
TAMPA, FL 33610**

Mailing Address
**5911 BRECKENRIDGE PKWY STE H
TAMPA, FL 33610**

2. Principal Place of Business
2630 SOUTH FALKENBURG
Suite, Apt. #, etc.

3. Mailing Address
2630 SOUTH FALKENBURG
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
RIVERVIEW, FL

City & State
RIVERVIEW, FL

4. FEI Number
55-0824276

Applied For
☐ Not Applicable

Zip Country
HILLSBOROUGH 33569

Zip Country
HILLSBOROUGH

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

6. Name and Address of Current Registered Agent

**DORAN, JULE
5911 BRECKENRIDGE PKWY STE H
TAMPA, FL 33610**

7. Name and Address of New Registered Agent

Name **MICHAEL COLANGELLO**
Street Address (P.O. Box Number is Not Acceptable)
2630 SOUTH FALKENBURG RD.
City **RIVERVIEW** FL Zip Code **33569**

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 **MICHAEL COLANGELLO**

DATE **12/MARCH/03**

FILE NOW. FEE IS \$61.25

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 **D** ☐ Delete
NAME **KESLER, AL**
STREET ADDRESS **5911 BRECKENRIDGE PKWY STE H**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE **D** ☒ Delete
NAME **DORAN, JULE**
STREET ADDRESS **5911 BRECKENRIDGE PKWY STE H**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE **D** ☒ Delete
NAME **WILTSE, STEVE**
STREET ADDRESS **5911 BRECKENRIDGE PKWY STE H**
CITY-ST-ZIP **TAMPA, FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT. T** ☒ Change ☐ Addition
NAME **AL KESLER**
STREET ADDRESS **2630 SOUTH FALKENBURG RD.**
CITY-ST-ZIP **RIVERVIEW, FL 33569.**

TITLE **VIC-PRESIDENT. T** ☐ Change ☒ Addition
NAME **MICHAEL COLANGELLO**
STREET ADDRESS **2630 SOUTH FALKENBURG RD.**
CITY-ST-ZIP **RIVERVIEW, FL 33569.**

TITLE **SECRETARY. T** ☐ Change ☒ Addition
NAME **ROB JONE**
STREET ADDRESS **2630 SOUTH FALKENBURG RD.**
CITY-ST-ZIP **RIVERVIEW, FL 33569.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL COLANGELLO

DATE **12/MARCH/03**

813
781-0456

CR2E037 (10/02)