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

## DOCUMENT # N9600001431

1. Entity Name

## EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90626 010 \*\*\*\*61.25

2430 ESTANCI STE 114 CLEARWATER		2430 ESTANCIA BLVD STE 114 CLEARWATER FL 33761	430 ESTANCIA BLVD STE 114 CLEARWATER FL 33761						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 59-3375272		oplied For	}	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired [	\$8.75 Add	ditional	1	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name					1	
FLORIDA	CENTRAL MANAGEMENT		Ctroot	Address (BO Boy Number is	Not Appentable)		<del></del>	-	
	TANCIA BLVD.		Street	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 11								1	
CLEARWATER FL 33761									
			City			FL Zip Cod	e	ŀ	
8. The above	named entity submits this statement	for the purpose of changing its	registered office of	or registered agent, or both, in	the State of Florida.	I am familiar with,	and accept	l	
	ions of registered agent.		v			·	'		
SIGNATURE									
	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signs	ture required when reinstating)		DATE			
	EN E NOW, EEE'IC CC1 OC	9. Election Car	mpaign Financing	<b>\$5.00</b> May Be	Make (	Check Payable	to		
7 ILLE 11017. 7 LIGHT WOLLD			Trust Fund Contribution.			epartment of S			
	The transfer of					•		l	
10.	QFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANG	SES TO OFFICERS A	ND DIRECTORS IN	110	1	
TITLE	PD	Delete	TITLE	PD		☐ Change	Addition	ક	
NAME	VALENCIA, LISA		NAME	NANCY Shainse		_ •	_	5	
STREET ADDRESS	1731 SPLIT FORK DR		STREET ADDRESS	1761 HAWEHOR	ine ct.			1	
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP	Oldsmar FL 3	4677			۽ ا	
TITLE	VPD	☐ Delete	TITLE	VPD		☐ Change	Addition	č	
NAME	SHEINBERG, GARY		NAME	SERGIO MORA	. <del>L</del> ON	C ownings		٦	
STREET ADDRESS	1761 HAWTHORNE CT		STREET ADDRESS	1806 SPIIT Fo.	ME DRIVE				
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP	oldsmar FL	34477			ĺ	
TITLE	SD	Delete	~ !~TITLE ~	7.0		- Change	☐ Addition		
NAME	POTENZA, ROZ	- E Deicie	NAME	GARY Shelabe	<u>-</u> د م	- 12 (ST Onlinge	LJ Addition		
STREET ADDRESS	1776 SPLIT FORK DR		STREET ADDRESS		ne ćt			ĺ	
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP	oldsman FL				ĺ	
TITLE	TD	Delete	TITLE	50		☐ Change	Addition		
NAME	SADORF, SHARON	ET Deléts	NAME	Johna DEAN	_		Addition	ĺ	
STREET ADDRESS	1729 SPLIT FORK DR		STREET ADDRESS	1714 SPLIT FO	ak Daive		ĺ		
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP				ĺ		
				Oldsman FL	346//				
TITLE	D CARUSO, MARCELLO	Delete	TITLE	RISSAN CUA	RY	☐ Change	Addition		
NAME STREET ADDRESS	1773 SPLIT FORK DR		NAME STREET ADDRESS	1807 SPIT F	ORK DRIVE		}		
STRUCT AUDITESS	I 1113 STUI FUNN UN		STREET ADDRESS	1					

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 myssignature 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 of the corporation of th

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

OLDSMAR FL 34677

CITY-ST-ZIP

STREET ADDRESS

NAME

4/3/03

Oldsman FL 34677

1641 GRAN BANK Da.

0/03mm FC 34677

D. RICANOLO GARCIA

(727) 297-6011

☐ Change

- Addition

2003 NOT-FOR-PROFIT CORPORATION AHachment

DOCUMENT # N960  1. Entity Name  EASTLAKE OAKS HOMEOWNERS  Principal Place of Business  2430 ESTANCIA BLVD STE 114 CLEARWATER FL 33761  2. Principal Place of Business			9009169	71			
Suite, Apt. #, etc.	Suite, Apt, #, etc.		CHECK HERE IF MAKING CHANGES				
City & State	City & State		4. FEI Number 59-3375272 Applied For Not Applicable				
Zip Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Cu	rrent Registered Agent	Namo	7. Name and Address of New Registered Agent				
FLORIDA CENTRAL-MANAGEMENT	ngangan on anagan kanagan sa		Name				
2430 ESTANCIA BLVD. SUITE 114	Ť	Street Address	(P.O. Box Number is Not Acceptable)				
CLEARWATER FL 33761		City .	FL	Zip Code			
The above named entity submits this statem the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered.		registered office or registe	ered agent, or both, in the State of Florida. I am fa	miliar with, and accept			
FILE NOW: FEE IS \$61:25	9. Election Can Trust Fund C	11.	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIR	Payable to ment of State			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**	AMES DEAN 714 SPITT FOCK-DRIVE Idsman F.C 34677	Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE D NAME STREET ADDRESS /C CITY-ST-ZIP 0/	ARLENE MEDINA 42 GRAY BANK Dr. dsman FC 34677	Change Addition			
TITLE NAME STREET ADDRESS CITY- ST-ZIP	:	NAME WY	EI-RUO LI Daz SPITFORK DR. Idsman FL 34677	Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	е .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 7		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition			
THILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition			

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SIGNATURE: