

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007555

Entity Name: EAST BAY LAKES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4917 EHRLICH ROAD
SUITE 104
TAMPA, FL 33624**Current Mailing Address:**4917 EHRLICH ROAD
SUITE 104
TAMPA, FL 33624 US**FEI Number:** 55-0824276**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HELBIG, DENISE
4917 EHRLICH ROAD
SUITE 104
TAMPA, FL 33624 US*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**Officer/Director Detail :**

Title	P
Name	CHALFA, GREG
Address	4917 EHRLICH ROAD SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	VP, SECRETARY
Name	SOICH, TOM
Address	4917 EHRLICH ROAD SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	SECRETARY
Name	BERRY, LLOYD
Address	4917 EHRLICH ROAD SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	TREASURER
Name	BUSH, SHARON
Address	4917 EHRLICH ROAD SUITE 104
City-State-Zip:	TAMPA FL 33624

Title	D
Name	BEST, DAVINA
Address	4917 EHRLICH ROAD SUITE 104
City-State-Zip:	TAMPA FL 33624

I hereby 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 all other like empowered.

SIGNATURE: TOM SOICH**PRESIDENT****03/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date