

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24911

**Entity Name:** EASTSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**189 SE CLAUDIA WAY  
LAKE CITY, FL 32025**Current Mailing Address:**189 SE CLAUDIA WAY  
LAKE CITY, FL 32025 US**FEI Number:** 59-2933733**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARTER, SARA JANE  
177 NW MADISON ST  
LAKE CITY, FL 32055 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	PD
Name	RUSSELL, WALTER
Address	254 S E TRISTIN LANE
City-State-Zip:	LAKE CITY FL 32025

Title	VPD
Name	PRESSLEY, JEFFERSON
Address	138 S E PAMELA PLACE
City-State-Zip:	LAKE CITY FL 32025

Title	ASST. SECRETARY
Name	REESER, VIVIAN
Address	174 S E WILLOW DRIVE
City-State-Zip:	LAKE CITY FL 32025

Title	TREASURER
Name	KRAUSS, LEANNAH
Address	173 SE BECKY TERRACE
City-State-Zip:	LAKE CITY FL 32025

Title	AS
Name	MCCRADY, JAMES
Address	465 S E ROSEWOOD CIRCLE
City-State-Zip:	LAKE CITY FL 32025

Title	DIRECTOR
Name	DESANDRE, LOUIS
Address	157 S E ROSEWOOD CIRCLE
City-State-Zip:	LAKE CITY FL 32025

Title	DIRECTOR
Name	RICH, MILBURN
Address	639 S E ROSEWOOD CIRCLE
City-State-Zip:	LAKE CITY FL 32025

Title	DIRECTOR
Name	SMITH, PANSY
Address	162 CLAUDIA WAY #101
City-State-Zip:	LAKE CITY FL 32025

**Continues on page 2**

*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:** LAURA RICH**SECRETARY****03/03/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	RICH, LAURA H
Address	639 SE ROSEWOOD CIRCLE
City-State-Zip:	LAKE CITY FL 32025