

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51040

**Entity Name:** EASTWOOD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O BOX 11862  
PENSACOLA, FL 32524

**Current Mailing Address:**

P.O BOX 11862  
PENSACOLA, FL 32524 US

**FEI Number:** 59-3156767

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COLLINS, ROGER  
8016 EASTWOOD LN  
PENSACOLA, FL 32514 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            PRESIDENT  
Name            MCCORMICK, VIRGINIA  
Address        8008 EASTWOOD LN  
City-State-Zip: PENSACOLA FL 32514

Title            VICE PRESIDENT  
Name            ELLEDGE, ELAINE  
Address        8020 EASTWOOD LN  
City-State-Zip: PENSACOLA FL 32514

Title            SECRETARY / TREASURER  
Name            COLLINS, ROGER  
Address        8016 EASTWOOD LN  
City-State-Zip: PENSACOLA FL 32514

Title            MEMBER AT LARGE  
Name            BEAN, TRACY  
Address        620 EASTWOOD CIRCLE  
City-State-Zip: PENSACOLA FL 32514

*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:** ROGER COLLINS

**SECRETARY/TREASURER** 01/03/2015

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date