

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

DOCUMENT# N96000001431

**Entity Name:** EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677

**Current Mailing Address:**

720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677

**FEI Number:** 59-3375272

**Certificate of Status Desired:** No

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

SCANNAVINO, INC.  
720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677 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 STD  
Name ROBINSON, CHAD  
Address 720 BROOKER CREEK BLVD. #206  
City-State-Zip: OLDSMAR FL 34677

Title PD  
Name SARACKI, DANIEL  
Address 720 BROOKER CREEK BLVD. #206  
City-State-Zip: OLDSMAR FL 34677

Title VD  
Name BYRD, GENE  
Address 720 BROOKER CREEK BLVD.  
SUITE 206  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name YAGNIK, NICK  
Address 720 BROOKER CREEK BLVD. #206  
City-State-Zip: OLDSMAR FL 34677

Title D  
Name LAZIER, DARLENE  
Address 720 BROOKER CREEK BLVD. #206  
City-State-Zip: OLDSMAR FL 34677

*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:** DANIEL SARACKI

**PRESIDENT**

**02/03/2015**

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

\_\_\_\_\_  
Date