2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 719676

Entity Name: EAST BAY OAKS RESIDENTIAL CLUB, INC.

Current Principal Place of Business:

601 STARKEY RD
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

601 STARKEY RD
LOT 213
LARGO, FL 337712830 US

New Mailing Address:

FEI Number: 59-1784972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHONY, DUANE M
601 STARKEY RD
LOT 213
LARGO, FL 33771 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MYERS, DEBBIE
Address: 601 STARKEY RD LOT 15
City-St-Zip: LARGO, FL 337712830

Title: 1VP ( ) Delete
Name: RILEY, ROBERT
Address: 601 STARKEY RD LOT 31
City-St-Zip: LARGO, FL 337712830

Title: 2VP ( ) Delete
Name: MARCOTTE, ROGER
Address: 601 STARKEY RD LOT 239
City-St-Zip: LARGO, FL 337712830

Title: S ( ) Delete
Name: KELLY, HELGA
Address: 601 STARKEY RD LOT 228
City-St-Zip: LARGO, FL 337712830

Title: T ( ) Delete
Name: MAHONY, DUANE M
Address: 601 STARKEY RD LOT 213
City-St-Zip: LARGO, FL 337712830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WEIR, JACK
Address: 601 STARKEY RD LOT 39
City-St-Zip: LARGO, FL 337712830

Title: 1VP (X) Change ( ) Addition
Name: MARCOTTE, ROGER
Address: 601 STARKEY RD LOT 239
City-St-Zip: LARGO, FL 337712830

Title: 2VP (X) Change ( ) Addition
Name: MCDONAL, GARY
Address: 601 STARKEY RD LOT 115
City-St-Zip: LARGO, FL 337712830

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DUANE M MAHONY T 04/28/2009

Electronic Signature of Signing Officer or Director — Date