

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727052

Entity Name: EAST BAY HOMEOWNERS, INC.

FILED  
Jan 10, 2004  
Secretary of State

**Current Principal Place of Business:**

P O BOX 690153  
ORLANDO, FL 328697153

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 690153  
ORLANDO, FL 328697153 US

**New Mailing Address:**

FEI Number: 59-1912630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BELL, GAIL  
8435 CARAWAY CT  
ORLANDO, FL 32819

**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: PD ( ) Delete  
Name: BARBARA, FRYS  
Address: 6195 VALENIAN BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: DD ( ) Delete  
Name: BELL, GAIL  
Address: 8435 CARAWAY CT  
City-St-Zip: ORLANDO, FL 32819

Title: SD ( ) Delete  
Name: WITTHOLM, TOMMY  
Address: 8481 CARAWAY CT  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: THOMAS, PATTY  
Address: 6197 VALERIAN BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: AST ( ) Delete  
Name: GILL, GREG  
Address: 8496 TANSY  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: GAIL BELL

DD

01/10/2004

Electronic Signature of Signing Officer or Director

Date