## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT #727052** 03-05-2007 90056 032 \*\*\*\*70.00 1. Entity Name EAST BAY HOMEOWNERS, INC. Principal Place of Business Mailing Address P O BOX 690153 P O BOX 690153 40029443 ORLANDO, FL 32869-7153 ORLANDO, FL 32869-7153 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-1912630 Not Applicable Zip Country Žiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALBORD LYNN, DAMON H Street Address (P.O. Box Number is Not Acceptable) 6122 MARLBERRY DRIVE ORLANDO, FL 32819 ORLANDO 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent aignature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SEC TITLE ☐ Delete TITLE PRESI DENT Change ☐ Addition FRYS, BARBARA FRYS, BARBARA NAME NAME 6195 VALERIAN BLUD 6195 VALENIAN BLVD STREET ADDRESS STREET ADORESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL. 31819 PRES TITLE TITLE Change Addition Delete VICE PRESIDENT LYNN, DAMON H NAME NAME tommir WitthohN STREET ADDRESS 6122 MARLBERRY DRIVE STREET ADDRESS 8491 CARAWAY CT ORLANDO, FL. 32819 ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE SECRRTARY **SQ** Addition FERRI, ENRICO CAROL BONESTROD NAME NAME 8557 CLEMATIS LANE STREET ADDRESS STREET ADDRESS 8570 CLOVER CT ORLANDO, FL. 32819 **ORLANDO, FL 32819** CITY-ST-ZIP CITY-ST-ZIP nne TITLE TREASURER ☐ Change Addition 🕡 Delete THOMAS, PATTY NAME BAIL BELL 8435 CHARWAY CT 6197 VALERIAN BLVD STREET ADDRESS STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-ZIP ONLANDO, EL 32819 TITLE ☐ Delete Boand member TITLE ☐ Change Addition WEBB; SANDY NAME NAME SAMBY NEBB 8740 BANYAN BLUD STREET ADDRESS 8740 BANYAN STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-57-7/P ORLANDO, FL 32819 TITLE Delete TITLE ☐ Change ☐ Addition NAME , ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_

**FILED** 

Mar 05, 2007 8:00 am