

**2007 NOT-FOR-PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 752804

1. Entity Name
**EASTWOOD PLAZA PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**3131 LONNBLADH RD
TALLAHASSEE, FL 32308 US**

Mailing Address
**PO BOX 13492
TALLAHASSEE, FL 32317-3492 US**



01192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2902137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BACON, PHILLIP E
3131 LONNBLADH ROAD
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BACON, PHILLIP E
STREET ADDRESS 2400 MAHAN DR.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME HARTZ, DAVID
STREET ADDRESS 1610 W PLAZA DR
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D
NAME BALDOCK, WILLIAM
STREET ADDRESS 1614 W. PLAZA DR.
CITY-ST-ZIP TALLAHASSEE, FL

TITLE D
NAME MABRY, JAMES R
STREET ADDRESS 1632 RIGGINS RD
CITY-ST-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000612772
02/05/07-80013-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip E Bacon
Phillip E Bacon

1/30/07

Date

850-878-2121

Daytime Phone #