2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 25 PM 4:44

DOCUMENT # 755282

1. Entity Name

EASTGATE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 14721 TALLAHASSEE FL 32317	P. O. BOX 14721 TALLAHASSEE FL 32317

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E037 (11/03)

4. FEI Number 59-2483790 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NASH, JEAN EA 3652 SHAMROCK WEST TALLAHASSEE FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 Jean Nash 2/14/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TDD ☑ Delete	TITLE	TREASURER ☐ Change ☑ Addition
NAME	SHERMAN, MABEL	NAME	LEINONEN, MARTHA
STREET ADDRESS	2104 WEMBLEY WAY	STREET ADDRESS	3009 EASTGATE CT.
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	~~SR~~ PD ☑ Delete	TITLE	PRESIDENT ☐ Change ☑ Addition
NAME	EBERHART, WANDA	NAME	BUTLER SR. PETER P.
STREET ADDRESS	2788 RAINTREE CIRCLE	STREET ADDRESS	2533 BEDFORD WAY
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	~~PD~~ SDr ☑ Delete	TITLE	SECRETARY ☐ Change ☑ Addition
NAME	~~PEACOCK, MARON~~ Doug Jones	NAME	ARONSON, SUSAN
STREET ADDRESS	2780 RAINTREE CIRCLE PO Box 12051	STREET ADDRESS	2512 WHISPER WAY
CITY-ST-ZIP	TALLAHASSEE FL 32308 Tallahassee, FL 32317	CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	VD ☑ Delete	TITLE	VICE PRESIDENT ☐ Change ☑ Addition
NAME	MACDONALD, ARLENE	NAME	MOONEY, DEBORAH
STREET ADDRESS	3005 WHISPER COURT	STREET ADDRESS	2529 BEDFORD WAY
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	300031805903
STREET ADDRESS		STREET ADDRESS	04/05/04--01011--007 **61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mabel J. Sherman 2/28/04