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

MOORE CR2E037 (11/03)

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

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

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 Peter P. Butler SR 2/28/04