

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # 755282</b><br>1. Entity Name<br><b>EASTGATE NEIGHBORHOOD ASSOCIATION, INC.</b>  |  |  |   | <br><div style="position: absolute; top: 0; right: 0; text-align: right;"> <b>FILED</b><br/> <b>05 APR 15 AM 9:22</b><br/> <b>SECRETARY OF STATE</b><br/> <b>TALLAHASSEE, FLORIDA</b> </div> |  |
| Principal Place of Business<br><b>P. O. BOX 14721</b><br><b>TALLAHASSEE, FL 32317</b>   |  | Mailing Address<br><b>P. O. BOX 14721</b><br><b>TALLAHASSEE, FL 32317</b>        |   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |   | 4072005 Chg-NP CR2E037 (10/03)   |  |
| City & State  |  | City & State   |   | 4. FEI Number<br><b>59-2483790</b>   |  |
| Zip   |  | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NASH, JEAN EA</b><br><b>3652 SHAMROCK WEST</b><br><b>TALLAHASSEE, FL 32308</b>  |  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>LEINONEN, MARTHA<br>3009 EAST GATE CT.<br>TALLAHASSEE, FL 32308 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | T<br>PAUL MEKEEL<br>2517 BEDFORD WAY<br>TALLAHASSEE, FL 32308  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>BUTLER, PETER P SR<br>2533 BEDFORD WAY<br>TALLAHASSEE, FL 32308 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | P<br>DEBBIE ROBERTS<br>2541 BEDFORD WAY<br>TALLAHASSEE, FL 32308   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>ARONSON, SUSAN<br>2512 WHISPER WAY<br>TALLAHASSEE, FL 32308     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | 400054000:054<br>05/06/05--01038--007 **70.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>MOONEY, DEBORAH<br>2529 BEDFORD WAY<br>TALLAHASSEE, FL 32308   | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | VP<br>DOUG JONES<br>2537 BEDFORD WAY<br>TALLAHASSEE, FL 32308  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                | <input type="checkbox"/> Change <input type="checkbox"/> 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: <b>DEBBIE ROBERTS</b>  |  |  | 4-8-05 212-4872   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date Daytime Phone #  |  |  |