



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90408 042 \*\*\*\*61.25

<b>DOCUMENT # 755282</b> 1. Entity Name <b>EASTGATE NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>P. O. BOX 14721 TALLAHASSEE, FL 32317</b>			Mailing Address <b>P. O. BOX 14721 TALLAHASSEE, FL 32317</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03122008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2483790</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MOONEY, DEBORAH 2529 BEDFORD WAY TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name <b>Shepherd, Natalie</b> Street Address (P.O. Box Number is Not Acceptable) <b>2201 Wembley Way</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32308</b>		
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 <u><i>Natalie Shepherd</i></u> DATE <u>4/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MOONEY, DEBORAH</b> <b>2529 BEDFORD WAY</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CONRAD, DRAKE</b> <b>2321 EASTGATE WAY</b> <b>TALLAHASSEE, FL 32308</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JONES, DOUG</b> <b>2537 BEDFORD WAY</b> <b>TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete			
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