2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #755282** 04-28-2008 90408 042 ****61.25 EASTGATE NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address P. O. BOX 14721 P. O. BOX 14721 TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 59-2483790 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOONEY, DEBORAH (P.O. Box Number is Not Acceptable) 2529 BEDFORD WAY TALLAHASSEE, FL 32308 Zip Code Tallahassee 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 algusture required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 9190 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Vice President TITLE Delete TITLE Change ☐ Addition mooney, Deborah 2529 Bedford way MOONEY DEBORAH NAME NAME 2529 BEDFORD WAY STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-7IP CITY-ST-ZIP Tallahassee, Fl 32308 **X** Delete TITLE TITLE reasurer ☐ Change **Addition** CONRAD, DRAKE shepherd, Natalie NAME 2321 EASTGATE WAY 2201 Wembley was STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change JONES, DOUG NAME NAME 2537 BEDFORD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY - ST-ZIP VP President TITLE Delete TITLE Change ■ Addition NAME MCDONALD, ARLEEN MacDonald, Artene 3005 Whisper Ct NAME STREET ADDRESS 2672 BYRON CIR STREET ADDRESS 3005 Whisper TALLAHASSEE, FL 32308 CUTY-ST-7IP Tallahassee CJTY-ST-71P <u> 308</u> TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

Natalie Shephera

SIGNATURE:

329-3538

Daytime Phone #