

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755282

FILED
Mar 18, 2009
Secretary of State

Entity Name: EASTGATE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 14721
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 14721
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-2483790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPHERD, NATALIE
2201 WEMBLY WAY
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MOONEY, DEBORAH
2529 BEDFORD WAY
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: DEBORAH MOONEY

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VC () Delete
Name: MOONEY, DEBORAH
Address: 2529 BEDFORD WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: SHEPHERD, NATALIE
Address: 2201 WEMBLY WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: JONES, DOUG
Address: 2537 BEDFORD WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: MACDONALD, ARLENE
Address: 3005 WHISPER CT.
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MOONEY, DEBORAH
Address: 2529 BEDFORD WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: PE (X) Change () Addition
Name: COLLINS, MIKE
Address: 2771 RAINTREE CR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP (X) Change () Addition
Name: SHEPPARD, SHON
Address: DANSHIRE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: KULHANEK, DENISE
Address: DANSHIRE DR
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH MOONEY

TRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date