2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# 755414

Entity Name: EAST LAKE BUNGALOWS HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

A & G MANAGEMENT
1136 FORTUNE CIRCLE, SUITE E-6A
WELLINGTON, FL 33414 US

New Principal Place of Business:

A & G MANAGEMENT
11360 FORTUNE CIRCLE, SUITE E-6A
WELLINGTON, FL 33414 US

Current Mailing Address:

A & G MANAGEMENT
11924 FOREST HILL BLVD #22-221
WELLINGTON, FL 33414 US

New Mailing Address:

A & G MANAGEMENT
11360 FORTUNE CIRCLE - SUITE E6A
WELLINGTON, FL 33414 US

FEI Number: 59-2073031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A & G MANAGEMENT
11924 FOREST HILL BLVD
STE 22-221
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

A & G MANAGEMENT
11360 FORTUNE CIRCLE - SUITE E6A
STE E6A
WELLINGTON, FL 33414 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: GEORGE PALERMO 04/29/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP
Name: GRESS, WALLACE
Address: 11360 FORTUNE CIRCLE - SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: DVP
Name: BROWNE, LORRIE
Address: 11360 FORTUNE CIRCLE - SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: DTS
Name: STECKER, PAT
Address: 11360 FORTUNE CIRCLE - SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: MILLER, WENDELL
Address: 11360 FORTUNE CIRCLE - SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: NEGRE, ADELINE
Address: 11360 FORTUNE CIRCLE - SUITE E6A
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: WALLACE GRESS DP 04/29/2010
Electronic Signature of Signing Officer or Director Date