


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90070 034 ****61.25

DOCUMENT # 768641 1. Entity Name EASTERN SHORES CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 596 EASTER LAKE ROAD SANTA ROSA BEACH, FL 32459 US				Mailing Address PO BOX 4703 SANTA ROSA BEACH, FL 32459-4703 US	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2339455	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PRITCHETT, WALTER R 5311 E. CATTWAY 30-A SANTA ROSA BEACH, FL 32459				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5311 E. Co. HWY 30-A City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNGBERG, PHIL 1134 RIVERBEND CLUB DRIVE ATLANTA, GA 30339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOBBS, WILLIAM 8 ARC WAY NE ATLANTA, GA 30305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAZZETT, LYN 4563 VILLIAGE DR. ATLANTA, GA 30338	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD MUDD 7165 NORTHGREEN DR. ATLANTA, GA 30328 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, STEVE 476 WINNEBAGO DRIVE LAKE WINNEBAGO, MO 64034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, JON 2037 HALCYON BLVD MONTGOMERY, AL 36117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, FRANCES 2037 HALCYON BLVD MONTGOMERY, AL 36117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" 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: <u>Francis Jordan, Treasurer</u> 3/12/05 (850)231-6004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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