

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768641

FILED
Feb 11, 2008
Secretary of State

Entity Name: EASTERN SHORES CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

596 EASTER LAKE ROAD
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 611486
ROSEMARY BEACH, FL 32461 US

New Mailing Address:

FEI Number: 59-2339455 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, RANDY
180 CULLMAN
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: YOUNGBERG, PHIL
Address: 1134 RIVERBEND CLUB DRIVE
City-St-Zip: ATLANTA, GA 30339

Title: PD () Delete
Name: HOBBS, WILLIAM
Address: 2828 PEACHTREE ROAD, STE 2402
City-St-Zip: ATLANTA, GA 30305

Title: D () Delete
Name: MUDD, TODD
Address: 7165 NORTHGREEN DR
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: HAMER, ANNA
Address: 540 PARK AV
City-St-Zip: ATLANTA, GA 30312

Title: DS () Delete
Name: DORADO, COLETTA
Address: 725 RIOMAR DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: DT () Delete
Name: JORDAN, FRANCES
Address: 2037 HALCYON BLVD
City-St-Zip: MONTGOMERY, AL 36117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: WILLIAM HOBBS

P

02/11/2008

Electronic Signature of Signing Officer or Director

Date