2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 08, 2006 8:00 am Secretary of State **DOCUMENT # 769616** 1. Entity Name 05-08-2006 90296 018 ****61.25 EASTRIDGE VILLAS PROPERTY OWNERS ASSOCIATION. INC Principal Place of Business Mailing Address 9095 SE HOBE RIDGE AVE P O BOX 8186 HOBE SOUND FL 33455 HOBE SOUND FL 33475 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2385772 be Sou Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5 A)5# 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCNALLY, PHIL 9097 SE HOBE RIDGE AVE HOBE SOUND FL 33455 9015 1 obe 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 PD Delete TITLE Addition MCNALLY, PHIL NAME NAME 9097 SE HOBE RIDGE AVE STREET ADDRESS . STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-ZIP CITY-ST-ZIP 🔊 Delete TITLE ☐ Addition TITLE ANAJA, NILAM NAME NAME Donna Lanham STREET ADDRESS 8965 SE BRIDGE RD STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-ZIP CITY-ST-ZIP ริต TITLE Delete TITLE TOMLIN, RITA NAME Robert R. Tarbburton 9057 SE Hobe Ridge Ave. Hobe Sound, FL 33455-4691 NAME STREET ADDRESS STREET ADDRESS 9096 HOBE RIDGE AVE CITY-ST-ZIP HOBE SOUND FL 33455 CITY-ST-ZIP Vice Prisident TITLE ☐ Delete TITLE ☐ Change Addition AMMY A. Wheatle NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and adverge 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 tradee empowered to produce 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 an address, with all other like empowered.

Robert Tarburton

FILED