2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H02029

Entity Name: EAST BAY OAKS RESIDENTS', INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
601 STARK LARGO, FL		US					
Current Mailing Address:				New Mailing Address:			
601 STRAKEY RD LOT 199 LARGO, FL 33771 US			601 STARKEY ROAD LOT #199 LARGO, FL 33771 US				
FEI Number: 59-2611841 FEI Number Applied For () FEI Number			FEI Num	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FORD, EDV 2307 W. BA LARGO, FL	Y DR.	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.							
SIGNATUR	E:						
	Electr	onic Signature of Registered Agent	İ				Date
Election Cam	paign Financ	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D GALLAGHER 601 STARKE LARGO, FL	Y RD #133		Title: Name: Address: City-St-Zip:	D GLENNON, F 601 STARKE LARGO, FL	EY RD #20	() Addition
Title: Name: Address: City-St-Zip:	P KELLY, WAL 601 STARKE LARGO, FL	Y RD #228		Title: Name: Address: City-St-Zip:	P COPELAND, 601 STARKE LARGO, FL	EY RD #287	() Addition
Title: Name: Address: City-St-Zip:	DST BLAUVELT, 0 601 STARKE LARGO, FL	Y RD #199		Title: Name: Address: City-St-Zip:		() Change (() Addition
Title: Name: Address: City-St-Zip:	P LICATA, JOE 601 STARKE LARGO, FL	: Y RD #230		Title: Name: Address: City-St-Zip:	D BURM, VICT 601 STARKE LARGO, FL	EY RD #144	() Addition
Title: Name: Address: City-St-Zip:	CONANT, GL	Y ROAD SUITE 309		Title: Name: Address: City-St-Zip:		()Change(() Addition
Title: Name: Address: City-St-Zip:	P VECCHIO, B 601 STARKE LARGO, FL	Y RD #289		Title: Name: Address: City-St-Zip:	BLOWERS,	EY RD #146	• •

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL BLAUVELT DST 03/19/2009