

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90536 010 \*\*\*\*61.25

<b>DOCUMENT # N00000006054</b>					
<b>1. Entity Name</b> EASTMONTE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2800 US HWY N 19 STE 300 CLEARWATER, FL 33761-2655			<b>Mailing Address</b> PO BOX 322 VALRICO, FL 33595		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3693839	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LONGNECKER, MARK 3129 RED LION DR VALRICO, FL 33594			<b>7. Name and Address of New Registered Agent</b> Name: <u>Ramsey Scheuerle</u> Street Address (P.O. Box Number is Not Acceptable): <u>3306 East Monte Dr</u> City: <u>Valrico</u> FL Zip Code: <u>33594</u>		
<b>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.</b>  SIGNATURE: <u>[Signature]</u> <u>Treasurer</u> DATE: <u>4/26/05</u> <small>(NOTE: Registered Agent signature required when renating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, TAMMY J 3114 WHITE PHEASANT PL VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President Charles Becker 3108 White Pheasant Place Valrico FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, DAWN 3308 EASTMONTE DR VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President Kelli Hamilton 3113 Red Lion Dr. Valrico FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date: <u>4/26/05</u> Deponent Phone #: <u>813 817 1086</u>		

50046341



04032005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LONGNECKER, MARK  
3129 RED LION DR  
VALRICO, FL 33594

## 7. Name and Address of New Registered Agent

Name: Ramsey Scheuerle  
Street Address (P.O. Box Number is Not Acceptable): 3306 East Monte Dr  
City: Valrico FL Zip Code: 33594

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: [Signature] Treasurer DATE: 4/26/05  
(NOTE: Registered Agent signature required when renating)

**Filing Fee is \$61.25 Due by May 1, 2005**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

## 10. OFFICERS AND DIRECTORS

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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**SIGNATURE:** [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/05 Deponent Phone #: 813 817 1086