
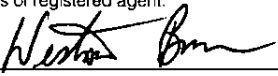
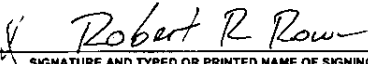


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90159 036 ****61.25

DOCUMENT # N04000004755 1. Entity Name ELOISE GARDENS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 9116 SW 51ST ROAD 102 B GAINESVILLE, FL 32608			Mailing Address P O BOX 14121 LIVE OAK, FL 32064		
2. Principal Place of Business - No P.O. Box # 1731 NW 6TH STREET		3. Mailing Address PO BOX 14506			
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc.			
City & State GAINESVILLE FL		City & State GAINESVILLE FL		4. FEI Number 20-2661059	
Zip 32609		Country ALACHUA		Zip 32604	
Country ALACHUA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MEDINA, JOSE E JR 9116 SW 51ST RD STE 102 B GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name WESTON BAUR/ED BAUR MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) DBA FLORIDA COMMUNITY MANAGEMENT 1731 NW 6TH STREET SUITE A City GAINESVILLE FL Zip Code 32609		
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  3-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DP ROWE, ROBERT R <input type="checkbox"/> Delete 2887 SW 93RD DR GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRAMER, ROBERT B <input checked="" type="checkbox"/> Delete 5300 SW 91 TERR GAINESVILLE, FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDA TURNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2887 SW 93RD DRIVE GAINESVILLE FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALTER, JAMES D <input checked="" type="checkbox"/> Delete 3940 NW 16TH BLVD BLDG B GAINESVILLE, FL 32605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENNIFER ROWE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2887 SW 93RD DRIVE GAINESVILLE FL 32608	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4.10.07 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					