2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N06000004064

Entity Name: EASTBAY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

11741 POSTON RD
PANAMA CITY, FL 32404

New Principal Place of Business:

11923 POSTON RD
PANAMA CITY, FL 32404

Current Mailing Address:

11741 POSTON RD
PANAMA CITY, FL 32404

New Mailing Address:

1170 PEACHTREE STREET
SUITE 2350
ATLANTA, GA 30309

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAILENDRA, PAUL
11741 POSTON RD
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

SHAILENDRA, PAUL
11923 POSTON RD
PANAMA CITY, FL 32404 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.

SIGNATURE: _____ 04/28/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POSTON, JULIUS
Address: 135 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: COWAN JR, JOEL H
Address: 135 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: SHAILENDRA, PAUL
Address: 135 HARRISON AVENUE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: SHAILENDRA, PAUL
Address: 11923 POSTON ROAD
City-St-Zip: PANAMA CITY, FL 32404

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: PAUL SHAILENDRA D 04/28/2009
Electronic Signature of Signing Officer or Director — Date