


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90040 002 ****61.25

DOCUMENT # N06000008123					
1. Entity Name EASTGATE TOWNHOMES AT PELICAN BAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2970 S ATLANTIC AVE DAYTONA BCH SHORES, FL 32118			Mailing Address 2970 S ATLANTIC AVE DAYTONA BCH SHORES, FL 32118		
2. Principal Place of Business - No P.O. Box # 444 Seabreeze Blvd		3. Mailing Address PO Box 15000			
Suite, Apt. #, etc. 900		Suite, Apt. #, etc.			
City & State Daytona Beach, FL		City & State Daytona Beach FL		4. FEI Number 20-5576992	
Zip 32118		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOVE, WAYNE S 2970 S ATLANTIC AVE DAYTONA BCH SHORES, FL 32118			7. Name and Address of New Registered Agent Name: David Hood Street Address (P.O. Box Number is Not Acceptable): 444 Seabreeze Blvd Ste 900 City: Daytona Beach FL Zip Code: 32118		
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: _____ DATE: 4/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 DPT NAME GOVE, WAYNE S STREET ADDRESS 2970 S ATLANTIC AVE CITY-ST-ZIP DAYTONA BCH SHORES, FL 32118	<input checked="" type="checkbox"/> Delete		TITLE PT NAME David Hood STREET ADDRESS 444 Seabreeze Blvd Ste 900 CITY-ST-ZIP Daytona Beach FL 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME TOBIN, SCOTT STREET ADDRESS 2970 S ATLANTIC AVE CITY-ST-ZIP DAYTONA BCH SHORES, FL 32118	<input checked="" type="checkbox"/> Delete		TITLE S NAME Elayne Smart STREET ADDRESS 100 Grey Widgeon Court CITY-ST-ZIP Daytona Beach FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DS NAME GUINDI, SHERIFF STREET ADDRESS 720 S ATLANTIC AVE CITY-ST-ZIP ORMOND BCH, FL 32176	<input checked="" 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: _____ DATE: 4/25/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					