

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008123

FILED
May 01, 2009
Secretary of State

Entity Name: EASTGATE TOWNHOMES AT PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

444 SEABREEZE BLVD
900
DAYTONA BCH, FL 32118

Current Mailing Address:

PO BOX 15200
DAYTONA BCH, FL 32115

New Principal Place of Business:

730 SOUTH ATLANTIC AVE.
203
ORMOND BEACH, FL 32176

New Mailing Address:

730 SOUTH ATLANTIC AVE.
203
ORMOND BEACH, FL 32176

FEI Number: 20-5576992 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOOD, DAVID
444 SEABREEZE BLVD
STE 900
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

PERRY, TRAVIS A
730 SOUTH ATLANTIC AVE.
STE. 203
ORMOND BEACH, FL 32176 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: TRAVIS PERRY

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HOOD, DAVID
Address: 444 SEABREEZE BLVD STE 900
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S () Delete
Name: SMART, ELAYNE
Address: 100 GREY WIDGEON CT.
City-St-Zip: DAYTONA BEACH, FL 32119

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMART, ELAYNE
Address: 100 GREY WIDGEON CT
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VP (X) Change () Addition
Name: ROGERS, RICHARD
Address: 131 GREY WIDGEON CT
City-St-Zip: DAYTONA BEACH, FL 32119

Title: ST () Change (X) Addition
Name: WOLFF, PAULETTE
Address: 107 GREY WIDGEON CT
City-St-Zip: DAYTONA BEACH, FL 32119

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: TRAVIS PERRY

CPA

05/01/2009

Electronic Signature of Signing Officer or Director

Date