

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37629

FILED
Apr 27, 2004
Secretary of State

Entity Name: OLD EAST HILL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4168 LONGWOOD CIRCLE
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

4168 LONGWOOD CIRCLE
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 59-3004420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, JO
4168 LONGWOOD CIRCLE
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREEN, JO
Address: 416 E. BELMONT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: TRIPP, JR. C
Address: 710 N. 7TH AVE.
City-St-Zip: PENSACOLA, FL

Title: DST () Delete
Name: RICHEY, ROBBIE
Address: 410 E. BELMONT ST
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JO GREEN

P

04/27/2004

Electronic Signature of Signing Officer or Director

Date