


04-27-2006 90162 049 ****61.25

DOCUMENT # N37913 1. Entity Name EASTWOOD LANDINGS HOMEOWNERS ASSOCIATION, INC.						Secretary of State 04-27-2006 90162 049 ****61.25	
Principal Place of Business ALMAS CT SANIBEL, FL 33957				Mailing Address P.O. BOX100 SANIBEL, FL 33957			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MACKSEY, STEVE 711 TARON BAY ROAD SUITE D SANIBEL, FL 33957				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <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, 2006				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	PD DALE, FRANCINE 903 ALMAS CT. SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Alex Felker 920 Almas Court Sanibel FL 33957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DUBBE, RICHARD 904 ALMAS CT. SANIBEL, FL 33957	<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	SD WHITSON, SHIRLEC P.O. BOX 1104 FINDLAY, OH 45839	<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	D PROSSER, DAVID 911 ALMAS CT SANIBEL, FL 33957	<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	D PETTIBONE, JANE 2147 YARMOUTH RD. BLOOMFIELD HILLS, MI 48301	<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 <i>Richard Dubbe Vice Pres. Richard Dubbe</i> 4/18/06 239-412-1601 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							