2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State

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DOCLIMENT # N27012	

04-28-2008 90356 011 ****61.25 DUCUMENT # N3/913 1. Entity Name EASTWOOD LANDINGS HOMEOWNERS ASSOCIATION, 4000cc Principal Place of Business Mailing Address ALMAS CT P.O. BOX100 SANIBEL, FL 33957 SANIBEL, FL 33957 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 65-0452600 Not Applicable Zip Zio \$8.75 Additional Country Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACKESY, STEVEN Street Address (P.O. Box Number is Not Acceptable) 711 TARON BAY ROAD SANIBEL, FL 33957 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change HILE Delete FELKER, ALEX NAME NAME 920 ALMAS CT. STREET ADDRESS STREET ADDRESS SANIBEL, FL 33957 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE NAME DUBBE, RICHARD NAME STREET ADDRESS 904 ALMAS CT. STREET ADDRESS SANIBEL, FL 33957 CITY-ST-ZIP CITY-ST-ZIP SD TITLE TITLE ☐ Change Addition Delete WHITSON, SHIRLEC NAME NAME P.O. BOX 1104 STREET ADDRESS STREET ADDRESS FINDLAY, OH 45839 CITY-ST-ZIP CITY-S1-ZIP TITLE TITLE ☐ Change PROSSER, DAVID NAME NAME 911 ALMAS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANIBEL, FL 33957 CITY-ST-ZIP Addition ☐ Delete LITLE TITLE azPETTIBONE, JANE NAME 2147 YARMOUTH RD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP BLOOMFIELD HILLS, MI 48301 CITY-ST-ZIP TITLE TITLE Defete ☐ Change M Addition

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 it made under oath; that I am an officer or director of the corporation or the receipt of ortrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachme

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR