

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41249

FILED
Jan 08, 2011
Secretary of State

Entity Name: EAST BAY PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SAINT ARMENS CIRCLE
MELBOURNE, FL 32934 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 410487
MELBOURNE, FL 329410487 US

New Mailing Address:

FEI Number: 59-3064482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, MICHAEL
3965 ST. ARMENS CIRCLE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

GAGNON, JOSEPH
3853 ST. ARMENS CIRCLE
MELBOURNE, FL 32934 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: JOSEPH GAGNON

01/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: GAGNON, JOSEPH
Address: 3853 ST. ARMENS CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: DVP
Name: LUNDY, BRIAN
Address: 3804 ST. ARMENS CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: KING, ROBERT
Address: 3840 ST. ARMENS CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: MIGALA, SHARON
Address: 3930 ST. ARMENS CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: D
Name: MEAGHER, GEORGE
Address: 3828 ST ARMENS CIRCLE
City-St-Zip: MELBOURNE, FL 32934

Title: T
Name: EDNEY, PATRICIA T
Address: 3810 ST. ARMENS CIRCLE
City-St-Zip: MELBOURNE, FL 32934

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA T. EDNEY

TREA

01/08/2011

Electronic Signature of Signing Officer or Director

Date