2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# N94000003298

Entity Name: EASTLAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6300 AVENTURA DR
SARASOTA, FL 34241 US

New Principal Place of Business:

Current Mailing Address:

6300 AVENTURA DR
SARASOTA, FL 34241 US

New Mailing Address:

FEI Number: 65-0512141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERKERING BARBERIO & CO., P.A.
2033 MAIN ST, SUITE 403
SARASOTA, FL 34237 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: P ( ) Delete
Name: BLEFELD, NEIL
Address: 6256 AVENTURA DR
City-St-Zip: SARASOTA, FL 34241

Title: VP ( ) Delete
Name: GRYZBOWSKI, ANDREW
Address: 6251 AVENTURA DR
City-St-Zip: SARASOTA, FL 34241

Title: VP ( ) Delete
Name: SAUER, JOSEPH
Address: 6286 AVENTURA DR
City-St-Zip: SARASOTA, FL 34241

Title: S ( ) Delete
Name: KENNEDY, NICK
Address: 6293 AVENTURA
City-St-Zip: SARASOTA, FL 34242

Title: T ( ) Delete
Name: JENKINS, TROY
Address: 6242 AVENTURA
City-St-Zip: SARASOTA, FL 34241

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

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:

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

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

Title: D ( ) Change (X) Addition
Name: HAYES, BOB
Address: 6267 AVENTURA DRIVE
City-St-Zip: SARASOTA, FL 34241

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: SCOTT OLSON T 01/31/2008
Electronic Signature of Signing Officer or Director — Date