

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90057 008 ****61.25

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DOCUMENT # N96000001431 1. Entity Name EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1050 A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677			Mailing Address 1050 A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677		
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			7. Name and Address of New Registered Agent		
SCANNAVINO, DOMINICK 1050A EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 SHEINBERG, NANCY 1761 HAWTHORNE CT OLDSMAR, FL 34677	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEINBERG, GARY 1761 HAWTHORNE CT OLDSMAR, FL 34677	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORATON, SERGIO 1806 SPLIT FORK DR OLDSMAR, FL 34677	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, CHAD 1712 OAK POND CT. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAN, JOHNA 1714 SPUT FORK DR OLDSMAR, FL 34677	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOSCANI, KRIS 1617 SHADY OAKS DR. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, JAMES 1714 SPLIT FORK DR OLDSMAR, FL 34677	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONOMO, ROBERT 1801 SPLIT FORK DR. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, RICARDO 1641 GRAY BARK DR OLDSMAR, FL 34677	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 1-31-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					