

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90007 011 ****61.25

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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**

40048740



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**720 Brooker Creek Blvd. #206
Oldsmar, FL 34677**

02222007 Chg-NP CR2E037 (12/06)

City & State

Zip

Country

4. FEI Number
59-3375272

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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
Scannavino, Inc.
Street Ad
720 Brooker Creek Blvd. #206
Oldsmar, FL 34677
City
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]

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, 2007**

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
**VD
SHEINBERG, NANCY
1761 HAWTHORNE CT
OLDSMAR, FL 34677** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHEINBERG, GARY
1761 HAWTHORNE CT
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
ROBINSON, CHAD
1712 IAK POND CT
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOSCANI, KRIS
1617 SHADY OAKS DR
OLDSMAR, FL 34677** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOONEYHAN, DIANNA
1758 OAK POND CT.
OLDSMAR, FL 34677** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BONOMO, ROBERT
1801 SPLIT FORK DR
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TOMASULO, ANN
1761 OAK POND CT
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #