

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90119 001 ****61.25

DOCUMENT # N96000001431					
1. Entity Name EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 720 BROOKER CREEK BLVD. #206 OLDSMAR, FL 34677			Mailing Address 720 BROOKER CREEK BLVD. #206 OLDSMAR, FL 34677		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		01032008 Chg-NP CR2E037 (12/06)
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 SCANNAVINO, INC. 720 BROOKER CREEK BLVD. #206 OLDSMAR, FL 34677			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	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 MOONEYHAN, DIANNA 1758 OAK POND CT. OLDSMAR, FL 34677	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	D DINELLI, JOSEPH 1604 SHADY OAKS DR. OLDSMAR, FL 34677
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	PD TOMASULO, ANN 1761 OAK POND CT. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: _____ 4/2/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					