2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# N96000004877

Entity Name: EASTERN LAKE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

219 SMITH GULF DRIVE
SEAGROVE BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2389
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3433952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAY, EARL
219 SOUTH GULF DRIVE
SEAGROVE BEACH, FL 32459 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:	PD	( ) Delete
Name:	DAY, EARL	
Address:	219 S. GULF DRIVE,	
City-St-Zip:	SEAGROVE BEACH, FL 32459 US	
Title:	TD	( ) Delete
Name:	KRASKA, BEVERLY J	
Address:	118 LAKEPOINT DR	
City-St-Zip:	SEAGROVE BEACH, FL 32459	
Title:	VP	( ) Delete
Name:	KENNEL, TOM	
Address:	335 LAKEVIEW DR.	
City-St-Zip:	SEAGROVE BEACH, FL 32459	
Title:	SD	( ) Delete
Name:	WILSON, JEANNIE	
Address:	62 SAN ROY ROAD	
City-St-Zip:	SEAGROVE BEACH, FL 32459	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BEVERLY KRASKA TD 01/30/2004

Electronic Signature of Signing Officer or Director — Date