2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004877

EASTERN LAKE NEIGHBORHOOD ASSOCIATION, INC.

FILED Aug 16, 2005 8:00 am Secretary of State

08-16-2005 90038 003 ****61.25

(850) 231 - 1314

Principal Plac 219 SMITH G SEAGROVE B		Mailing Address P O BOX 2389 SANTA ROSA BEA					50061798	8	
2. Principal Place of Business 3. Ma		3. Mailing Address	iling Address			111 .			
Suite, Apt. #, ajc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		07052005	Chg-NP	CR2E037 (10/03)		
City & State		City & State	ity & State		4. FEI Number 59-3433			pplied For ot Applicable	
Zip	Country	Zip	p Country		5. Certificate o	f Status Desired	See Require		
1	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New Re	egistered Agent		
DAY, EAR	. 		~	Name		<u> </u>			
219 SOUT	H GULF DRIVE /E BEACH, FL 32459		Street Address			(P.O. Box Number is Not Acceptable)			
				City			FL Zip Coo	le	
	named entity submits this statement fo	r the purpose of changi	ng its registered	office or registere	ed agent, or both	, in the State of Flo		, and accept	
the obligat	ions of registered agent.								
SIGNATURE .									
SIGNATORE.	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered A	gent signature required v	when reinstating)		DATE		
			9. Election Campaign Financing Trust Fund Contribution.						
D	Filing Fee is \$61.25 ue by September 7, 2005			`	\$5.00 May Be Added to Fees		ake check payable t da Department of S		
D	_	Trust F		n. 🗆 ,	Added to Fees	Flori	, ,	tate	
10.	OFFICERS AND DIF	Trust F	und Contribution 11. TITLE	n. 🗆 ,	Added to Fees	Flori	da Department of S	tate	
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10.	OFFICERS AND DIF	Trust F	und Contribution 11. TITLE NAME	ADDRESS	Added to Fees	Flori	da Department of S	N 10	
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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 life empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: