2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000004877

1. Entity Name
EASTERN LAKE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
168 LAKE POINTE DRIVE SEAGROVE BEACH, FL 32459 US	168 LAKE POINTE DRIVE SEAGROVE BEACH, FL 32459 US

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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3433952
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHIPMAN, GARY A
1414 COUNTY HIGHWAY 283 SOUTH
UNIT B
SANTA ROSA BEACH, FL 32459

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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 Gary [illegible] 3/11/08
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000858025
04/01/09-80023-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, HAROLD (HAL)
STREET ADDRESS	168 LAKE POINTE DRIVE
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459
TITLE	VP
NAME	CUNNINGHAM, BILL
STREET ADDRESS	469 LAKE VIEW DRIVE
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459
TITLE	T
NAME	BULLOCK, W.S. (BILL)
STREET ADDRESS	120 SHANNON DRIVE
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	S
NAME	WILSON, JEANNIE
STREET ADDRESS	62 SAN ROY ROAD
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459
TITLE	D
NAME	ANDERSON, CHARLIE
STREET ADDRESS	189 LAKEVIEW DRIVE
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459
TITLE	D
NAME	MANCIL, BILLY
STREET ADDRESS	499 LAKEVIEW DRIVE
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459

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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: Harold Jr. Smith (HAROLD F. SMITH) 2-7-2008 (850)231-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #