

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004877

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** EASTERN LAKE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

168 LAKE POINTE DRIVE  
SEAGROVE BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

168 LAKE POINTE DRIVE  
SEAGROVE BEACH, FL 32459 US

**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:**

SHIPMAN, GARY A  
1414 COUNTY HIGHWAY 283 SOUTH  
UNIT B  
SANTA ROSA 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: P ( ) Delete  
Name: SMITH, HAROLD (HAL)  
Address: 168 LAKE POINTE DRIVE  
City-St-Zip: SEAGROVE BEACH, FL 32459 US

Title: VP ( ) Delete  
Name: CUNNINGHAM, BILL  
Address: 469 LAKE VIEW DRIVE  
City-St-Zip: SEAGROVE BEACH, FL 32459 US

Title: T ( ) Delete  
Name: BULLOCK, W.S. (BILL)  
Address: 120 SHANNON DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: S ( ) Delete  
Name: WILSON, JEANNIE  
Address: 62 SAN ROY ROAD  
City-St-Zip: SEAGROVE BEACH, FL 32459 US

Title: D ( ) Delete  
Name: ANDERSON, CHARLIE  
Address: 189 LAKEVIEW DRIVE  
City-St-Zip: SEAGROVE BEACH, FL 32459 US

Title: D ( ) Delete  
Name: MANCIL, BILLY  
Address: 499 LAKEVIEW DRIVE  
City-St-Zip: SEAGROVE BEACH, FL 32459 US

**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:

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 exemption stated 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 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: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date