

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90087 008 ****61.25

DOCUMENT # 748103

1. Entity Name

EASTWOOD SHORES TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SEABOARD ARBOR MGNT
 SUITE C-3
 CLEARWATER FL 34619
 US

1700 MCMULLEN BOOTH RD
 SUITE C-3
 CLEARWATER FL 33759-2129
 US

2. Principal Place of Business

3. Mailing Address

St c/o SEABOARD ARBORS
 MANAGEMENT SVC, INC
 2189 CLEVELAND STREET
 CI SUITE 225
 CLEARWATER, FL 33765
 ZI US

c/o SEABOARD ARBORS
 MANAGEMENT SVC, INC
 2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER, FL 33765
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1924563

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A.
 1700 MCMULLEN BOOTH ROAD
 SUITE C-3
 CLEARWATER FL 34619

Name

LEIGHTON, LEH
 c/o SEABOARD ARBORS
 MANAGEMENT SVC, INC
 2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER, FL 33765
 US

Street

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office to _____ of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, LINDA 3423 PINE CONE CIRCLE CLEARWATER FL 33765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COURSEN, HELEN 3709 PINE CONE CIRCLE CLEARWATER FL 33765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAST, RICHARD 3703 PINE CONE CIRCLE CLEARWATER FL 33765	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREWS, JAY 3016 PINE CONE CIRCLE CLEARWATER, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSELL, SUSAN P. 3501 PINE CONE CIRCLE CLEARWATER, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORD, PATRICIA A. 3213 PINE CONE CIRCLE CLEARWATER, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAVAL, RAYMOND G. 3211 PINE CONE CIRCLE CLEARWATER, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond G. Kaval, President
 2/9/2000

CR2E037 (9/99)