

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748103

FILED  
Mar 13, 2010  
Secretary of State

**Entity Name:** EASTWOOD SHORES TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

24701 US HIGHWAY 19 N SUITE #102  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14357  
CLEARWATER, FL 33766 US

**New Mailing Address:**

FEI Number: 59-1924563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERI-TECH REALTY  
24701 US HIGHWAY 19 N SUITE #102  
CLEARWATER, FL 33763 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  
Name: KAVAL, CAROL  
Address: 3711 PINE CONE CIRCLE  
City-St-Zip: CLEARWATER, FL 33760

Title: VPD  
Name: CHAMBO, NANCY  
Address: 3703 PINE CONE CIR  
City-St-Zip: CLEARWATER, FL 33760

Title: SD  
Name: PAWLING, DOUGLAS  
Address: 3503 PINE CONE CIRCLE  
City-St-Zip: CLEARWATER, FL 33760

Title: D  
Name: MILLER, JACKIE  
Address: 3311 PINE CONE CIR  
City-St-Zip: CLEARWATER, FL 33760

Title: D  
Name: KAVAL, CAROL  
Address: 3711 PINE CONE CIR  
City-St-Zip: CLEARWATER, FL 33760

I hereby 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 all other like empowered.

SIGNATURE: CAROL KAVAL

PD

03/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date