ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:11

**DOCUMENT # 754062 (8)**

1. Corporation Name

**EASTWOOD SHORES CONDOMINIUM NO.4 ASSOCIATION,INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 552 MAIN ST.<br>SAFETY HARBOR FL 34695 | 552 MAIN ST.<br>SAFETY HARBOR FL 34695 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1980
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2069876 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

MEZER, STEVEN H
1212 COURT ST.
STE. B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstated) DATE

| 12. OFFICERS AND DIRECTORS | |
|---|---|
| TITLE | ~~PD~~ |
| NAME | ~~PAGE, MARGARET~~ |
| STREET ADDRESS | ~~2143 GROVE PL~~ |
| CITY-ST-ZIP | ~~CLEARWATER FL~~ |
| TITLE | ~~VD~~ |
| NAME | ~~CREPEAU, PATRICIA~~ |
| STREET ADDRESS | 1855-B BOUGH AVE. |
| CITY-ST-ZIP | CLEARWATER FL |
| TITLE | TD |
| NAME | LEGER, STEPHEN |
| STREET ADDRESS | 1847-B BOUGH AVE. |
| CITY-ST-ZIP | CLEARWATER FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|
| 11 TITLE | SD | ☐ Change ☒ Addition |
| 12 NAME | JILL OBER | |
| 13 STREET ADDRESS | 1843-B BOUGH LANE | |
| 14 CITY-ST-ZIP | CLEARWATER, FL 34620 | |
| 21 TITLE | P/D | ☒ Change ☐ Addition |
| 22 NAME | PATRICIA HALL | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | ☐ Change ☐ Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | D | ☐ Change ☒ Addition |
| 42 NAME | HARRY WAGNER | |
| 43 STREET ADDRESS | 1855-B BOUGH AVE. | |
| 44 CITY-ST-ZIP | CLEARWATER, FL 34620 | |
| 51 TITLE | D | ☐ Change ☒ Addition |
| 52 NAME | JOE PAUN | |
| 53 STREET ADDRESS | 3004-B BOUGH AVE. | |
| 54 CITY-ST-ZIP | CLEARWATER, FL 34620 | |
| 61 TITLE | | ☐ Change ☐ Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Patricia Hall 2-20-95 (813) 726-2329
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0000479