

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

55 MAR 27 AM 11:02

DOCUMENT # **756070** (9)

1. Corporation Name  
**EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, I NC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1810 BOUGH AVE CLEARWATER FL 34620</b>	Mailing Address <b>1810 BOUGH AVE CLEARWATER FL 34620</b>
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3. Date Incorporated or Qualified <b>01/26/1981</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-2069873</b>	Applied For Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WANEK PROPERTY MGMT  
2155 NE COACHMAN RD  
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>VD</b>
NAME	<b>SAMBERG, JERRY</b>
STREET ADDRESS	<b>1812-D BOUGH AVE</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>D</b>
NAME	<b>KOBERNA, PAULINE</b>
STREET ADDRESS	<b>1817B BOUGH AVENUE</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>PD</b>
NAME	<b>KASTANAS, ANDREW G.</b>
STREET ADDRESS	<b>1812-C BOUGH AVE</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>STD</b>
NAME	<b>HECKMAN, JUANITA FAYE</b>
STREET ADDRESS	<b>2937-C BOUGH AVE</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<b>PD</b>
NAME	<b>FAY, SYLVETTE</b>
STREET ADDRESS	<b>P.O. BOX 187 N/A</b>
CITY - ST - ZIP	<b>CLEARWATER FL 34649-0187</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<b>34620</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<b>34620</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T D</b>
3.3 STREET ADDRESS	<b>CECELIA T NODLE</b>
3.4 CITY - ST - ZIP	<b>2937 B BOUGH AVE</b>
	<b>CLEARWATER, FL 34620</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S D</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<b>34620</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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 the 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: *J.C. Samberg* **J.C. SAMBERG** 1-14-95 813-535-3087  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)