

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756070 (9)
 1. Corporation Name
EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, I NC.



Principal Place of Business 1810 BOUGH AVE CLEARWATER FL 34620	Mailing Address 1810 BOUGH AVE CLEARWATER FL 34620
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3. Date Incorporated or Qualified 01/26/1981	3a. Date of Last Report 03/27/1995
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21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2069873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 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	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SAMBERG, JERRY	
STREET ADDRESS	1812-D BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOBERNA, PAULINE	
STREET ADDRESS	1817B BOUGH AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CECELIA T NOBLE	
STREET ADDRESS	2937B BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HECKMAN, JUANITA FAYE	
STREET ADDRESS	2937-C BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FAY, SYLVETTE	
STREET ADDRESS	P.O. BOX 187 N/A	
CITY-ST-ZIP	CLEARWATER FL 34649-0187	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	EDWARDS, Kenneth N.	
13. STREET ADDRESS	2939A Bough Ave	
14. CITY-ST-ZIP	Clearwater, FL 34620	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP	TD	
31. TITLE	BOGGIA, Lorraine A:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	2939A Bough Ave.	
33. STREET ADDRESS	Clearwater, FL 34620	
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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: *Sylvette Fay* **2-3-96 813-530-1981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)