

FILE NOW: FILING FEE IS \$61.25 + 5.00

FILED
Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 34620-1501

3. Date Incorporated or Qualified: 01/26/1981
3a. Date of Last Report: 02/08/1996
4. FEI Number: 59-2069873
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, KENNETH N	12 NAME	
STREET ADDRESS	2939A BOUGH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	34620
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOBERNA, PAULINE	22 NAME	
STREET ADDRESS	1817B BOUGH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGIA, LORRAINE A	32 NAME	
STREET ADDRESS	2939A BOUGH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	34620
TITLE	STD <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKMAN, JUANITA FAYE	42 NAME	SD
STREET ADDRESS	2937-C BOUGH AVE	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	34620
TITLE	PD <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAY, SYLVETTE	52 NAME	VD
STREET ADDRESS	P.O. BOX 187 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34649-0187	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	PD
STREET ADDRESS		63 STREET ADDRESS	JEROME C. SAMBERG
CITY-ST-ZIP		64 CITY-ST-ZIP	1812D BOUGH AVE CLEARWATER, FL. 34620

14. I do 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 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: JEROME C. SAMBERG (IP/PS) / Jerome C. Sanberg 2/3/97 813-S35-3087

CR2E037 (9/96)