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Secretary of State

03-01-1999 90240 007 ****66.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756070
 1. Corporation Name
EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, I NC.

Principal Place of Business 1810 BOUGH AVE CLEARWATER FL 33760 US	Mailing Address 1810 BOUGH AVE CLEARWATER FL 33760 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 01/26/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2069873
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WANEK PROPERTY MGMT 2155 NE COACHMAN RD CLEARWATER FL 34625		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code 33765

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, KENNETH N	1.2 NAME	GENMA, FRANK
STREET ADDRESS	2939A BOUGH AVE	1.3 STREET ADDRESS	2939B BOUGH AVE
CITY-ST-ZIP	CLEARWATER FL 33760	1.4 CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMBERG, JEROME C.	2.2 NAME	
STREET ADDRESS	1812 D BOUGH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, LORRAINE A	3.2 NAME	
STREET ADDRESS	2939A BOUGH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECKMAN, JUANITA FAYE	4.2 NAME	KOBERNA, PAULINE
STREET ADDRESS	2937-C BOUGH AVE	4.3 STREET ADDRESS	1817 B BOUGH AVE
CITY-ST-ZIP	CLEARWATER FL 33760	4.4 CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, BEATRICE	5.2 NAME	
STREET ADDRESS	2937 D BOUGH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33760	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE *Katherine Harris* SIGNATURE REQUIRED 1-27-1999 727-535-3087

CR2E037 (11/98)