

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90081 014 ****66.25

DOCUMENT # 756070

1. Entity Name

EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, I

Principal Place of Business

Mailing Address

1810 BOUGH AVE
 CLEARWATER FL 33760
 US

~~1810 BOUGH AVE~~
~~CLEARWATER FL 33760 1501~~
 US

2. Principal Place of Business

3. Mailing Address
 % WANEK PROP. MGMT

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 2155 N.E. COACHMAN RD.

City & State

City & State
 CLEARWATER, FL.

Zip

Country

Zip
 33765

Country
 U.S.A

4. FEI Number

59-2069873

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANEK PROPERTY MGMT
 2155 NE COACHMAN RD
 CLEARWATER FL 34625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code
 33765

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME TD
 GEMMA, FRANK
 STREET ADDRESS 29398 BOUGH AVENUE
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE Change Addition
 NAME V D
 DONALD CHELEHEN
 STREET ADDRESS 1812A BOUGH AVE
 CITY-ST-ZIP CLEARWATER, FL. 33760

TITLE Delete
 NAME PD
 SAMBERG, JEROME C.
 STREET ADDRESS 1812 D BOUGH AVE
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~De~~
 EDWARDS, LORRAINE A
 STREET ADDRESS 2939A BOUGH AVE
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE Change Addition
 NAME TD
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SD
 KOBERNA, PAULINE
 STREET ADDRESS 1817 BOUGH AVENUE
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE Change Addition
 NAME D
 JOSEPH MILNARICH
 STREET ADDRESS 2945 A BOUGH AVE
 CITY-ST-ZIP CLEARWATER, FL 33760

TITLE Delete
 NAME ~~De~~
 BELL, BEATRICE
 STREET ADDRESS 2937 D BOUGH AVE
 CITY-ST-ZIP CLEARWATER FL 33760

TITLE Change Addition
 NAME SD
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jerome C. Samberg* (SAMBERG)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2000 727-535-3087

Date

Daytime Phone #

CR2E037 (9/99)