

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90446 027 ****66.25

DOCUMENT # 756070

1. Entity Name

EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, I

00031873



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1810 BOUGH AVE CLEARWATER FL 33760 US	Mailing Address C/O WANEK PROP. MGMT 2155 NE COACHMAN RD CLEARWATER FL 33765 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1810 BOUGH AVE Suite, Apt. #, etc.
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City & State CLEARWATER, FL.	4. FEI Number 59-2069873	Applied For <input type="checkbox"/> Not Applicable
Zip 33760	Country FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WANEK PROPERTY MGMT~~
~~2155 NE COACHMAN RD~~
~~CLEARWATER FL 33765~~

7. Name and Address of New Registered Agent

Name: AMERI-TECH Realty, LLC
 Street Address (P.O. Box Number is Not Acceptable):
 2014 DREW ST.
 City: CLEARWATER 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: Michael G. Perez, President 4-3-01
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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHELEMAN, DONALD 1812 A BOUGH AVE CLEARWATER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMBERG, JEROME C. 1812 D BOUGH AVE CLEARWATER FL 33760 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, LORRAINE A 2939A BOUGH AVE CLEARWATER FL 33760 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UILNARICH, JOSEPH 2945 A BOUGH AVE CLEARWATER FL 33760 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, BEATRICE 2937 D BOUGH AVE CLEARWATER FL 33760 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHELEMAN, DONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD BELL 2935 A BOUGH AVE CLEARWATER, FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael G. Perez, PRES. 3-30-01 727-535-3087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)