

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90028 017 ****61.25

DOCUMENT # 756070

1. Entity Name

EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**1810 BOUGH AVE
 CLEARWATER FL 33760
 US**

**1810 BOUGH AVE
 CLEARWATER FL 33760
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2069873**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERI-TECH REALTY INC
~~2014 DREW ST~~
 CLEARWATER FL 33765**

Name

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

1799 B BELCHER RD

City

FL

Zip Code

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

Michael C. Perez President 4-16-02

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	D	<input type="checkbox"/> Delete
NAME	CHELEMEN, DONALD	
STREET ADDRESS	1812 A BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SAMBERG, JEROME C.	
STREET ADDRESS	1812 D BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDWARDS, LORRAINE A	
STREET ADDRESS	2939A BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, RICHARD	
STREET ADDRESS	2934 A BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELL, BEATRICE	
STREET ADDRESS	2937 D BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ELIZABETH MILNARICH	
STREET ADDRESS	2945A BOUGH AVE	
CITY-ST-ZIP	CLEARWATER, FL, 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED SAMBERG, PRES.

3-31-02 727-535-3087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

008855