


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90306 006 \*\*\*\*70.00

**DOCUMENT # 756070**

1. Entity Name  
**EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, INC.**



Principal Place of Business  
 1810 BOUGH AVE  
 CLEARWATER, FL 33760 US

Mailing Address  
 P.O. BOX 14357  
 CLEARWATER, FL 33766 US



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03072005 Chg-NP CR2E037 (10/03)

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

**AMERI-TECH REALTY INC**  
 1799 B BELCHER RD  
 CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	CHELEMEN, DONALD	
STREET ADDRESS	1812 A BOUGH AVE	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KOBERNA, PAULA	
STREET ADDRESS	1817-B BOUGH AVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NOBLE, TINA	
STREET ADDRESS	2937-B BOUGH AVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, KEN	
STREET ADDRESS	2939-A BOUGH AVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERRYMAN, MARCY	
STREET ADDRESS	2937-A BOUGH AVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSY ALLEN	
STREET ADDRESS	2915 BOUGH AVE	
CITY-ST-ZIP	CLEARWATER, FL 33760	
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: Kenneth N. Edwards Pircher 727-726-8000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #