


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90336 035 ****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

50010740



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

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

03092006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
 59-2069873

Applied For
 Not Applicable

Zip Country Zip Country

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, 2006

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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|----------------------|--|--|---|----------------------|---------------------------------|--|
| TITLE | VO | <input checked="" type="checkbox"/> Delete | | TITLE | PD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CHELEMEN, DONALD | | | NAME | Horrie Edwards | | |
| STREET ADDRESS | 1812 A BOUGH AVE | | | STREET ADDRESS | 2939 Bough Ave Apt A | | |
| CITY-ST-ZIP | CLEARWATER, FL | | | CITY-ST-ZIP | Clearwater, FL 33760 | | |
| TITLE | DP TD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KOBERNA, PAULA | | | NAME | | | |
| STREET ADDRESS | 1817-B BOUGH AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER, FL 33760 | | | CITY-ST-ZIP | | | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | NOBLE, TINA | | | NAME | | | |
| STREET ADDRESS | 2937-B BOUGH AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER, FL 33760 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | EDWARDS, KEN | | | NAME | | | |
| STREET ADDRESS | 2939-A BOUGH AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER, FL 33760 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WALLEN, ROSS | | | NAME | | | |
| STREET ADDRESS | 2915 BOUGH AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER, FL 33760 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Horrie Edwards DATE: 4-6-06 DAYTIME PHONE #: 727-726-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR