2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756070

FILED Mar 27, 2009 Secretary of State

Entity Name: EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1810 BOUGH AVE

CLEARWATER, FL 33760 US

Current Mailing Address: New Mailing Address:

P.O. BOX 14357

CLEARWATER, FL 33766 US

FEI Number: 59-2069873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMERI-TECH REALTY INC

1799 B BELCHER RD

24701 US HIGHWAY 19 N SUITE #102

CLEARWATER, FL 33765 US CLEARWATER, FL 33763 US

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 03/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

CLEARWATER, FL 33760

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CLEARWATER, FL 33760

itle: PD () Delete Title: PD (X) Change () Addition

Name:EDWARDS, LORRAINEName:BALLER, LISAAddress:2939 BOUGH AVE APT AAddress:2945 BOUGH AVE APT DCity-St-Zip:CLEARWATER, FL 33760City-St-Zip:CLEARWATER, FL 33760

Title: SD () Delete Title: TD (X) Change () Addition Name: KOBERNA, PAULA Name: FASEL, JENNIFER

Address: 1817-B BOUGH AVE City-St-Zip: CLEARWATER, FL 33760 City-St-Zip: CLEARWATER, FL 33760

Title: VPD () Delete Title: SD (X) Change () Addition

 Name:
 NOBLE, TINA
 Name:
 HIGGINS, SANDRA

 Address:
 2937-B BOUGH AVE
 Address:
 498 ALPINE ACRES ROAD

 City-St-Zip:
 CLEARWATER, FL 33760
 City-St-Zip:
 VILAS, NC 28692

 Title:
 TD
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 SMITH, JENNIFER
 Name:
 MCATEER, LINDA

 Address:
 2931-B BOUGH AVE
 Address:
 1815-B BOUGH AVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LISA BALLER PD 03/27/2009