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May 17, 1999 8:00 am
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05-17-1999 90002 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758139 (0)

1. Corporation Name

EASTWOOD SHORES CONDOMINIUM NO. 5 ASSOCIATION, INC.

* 552220 - 90002 - 37

Principal Place of Business | Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
24 CONDOMINIUM ASSOCIATES	26 CONDOMINIUM ASSOCIATES	11/25/1981
Suite, Apt. #, etc. 3001 EXECUTIVE DR, SUITE 260	Suite, Apt. #, etc. 27 3001 EXECUTIVE DR, SUITE 260	4. FEI Number 59-2147739 ☐ Applied For ☐ Not Applicable
City & State CLEARWATER, FL	City & State 28 CLEARWATER, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 33762 Country 25	Zip 29 33762 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MEZER, STEVEN H PA
1212 COURT ST
STE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NUDELMAN, MARVIN 409 BOUGH AVENUE CLEARWATER FL 33760	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LURZ, BRUCE 209 BOUGH AVENUE CLEARWATER FL 33760	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRANE, SANDRA 602 BOUGH AVENUE CLEARWATER FL 33760	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JESKEY, JOE 701 BOUGH AVENUE CLEARWATER FL 33760	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NABORS, DALE 306 BOUGH AVENUE CLEARWATER FL 33760	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D ARTHUR, CHARLES 108 BOUGH AVENUE CLEARWATER FL 33760
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Treasurer 4/28/99 536-3570
Daytime Phone #