2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # 758139 1. Entity Name EASTWOOD SHORES CONDOMINIUM NO. 5 ASSOCIATION, I 01-26-2001 90032 044 ****61.25 Principal Place of Business Mailing Address CONDOMINUIM ASSOCIATES CONDOMINUIM ASSOCIATES 3001 EXECUTIVE DR SUITE 260 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 33762 CLEARWATER FL 33762 US -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2147739 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONDOMINIUM ASSOCIANES Street Address (P.O. Box Number is Not Acceptable) MEZER, STEVEN H PA 1212 COURT ST STE B Zip Code **3376**2 **CLEARWATER FL 34616** CLEARWATER 8. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida **SIGNATURE** ed or printed name egistered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE 5D ☐ Change Addition Billings , T. J. 605 Bough Avenue NAME LURZ, BRUCE NAME STREET ADDRESS STREET ADDRESS 209 BOUGH AVE CITY-ST-ZIP CITY-ST-ZIP FL 33760 **CLEARWATER FL 33760** clearwater Delete Addition TITLE TD TITLE ☐ Change JESKEY, JOE Lemke, Carol NAME NAME STREET ADDRESS STREET ADDRESS 701 BOUGH AVE 403 Bough Avenue CITY-ST-7IP CITY-ST-7IP CLEAR WATER FL 33760 Ckarwater, FL 33760 Addition TITLE ☐ Delete TITLE Change Cohen Carrie NAME NUDELMAN, MARV NAME STREET ADDRESS **409 BOUGH AVE** STREET ADDRESS 505 Bough Avenue CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** <u>Clearwater</u> Change ☐ Delete TITLE ☐ Addition TITLE martin, Saudra NAME CRANE, SANDY 602 Bough AVENUE STREET ADDRESS STREET ADDRESS 602 BOUGH AVENUE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** Clearwater FL 33760 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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 with all other like empowered

Daytime Phone #

SIGNATURE