2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90309 032 ****70.00

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DOCUMENT # 758139

1. Entity Name
EASTWOOD SHORES CONDOMINIUM NO. 5 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~CONDOMINIUM ASSOCIATES~~ ~~3001 EXECUTIVE DR SUITE~~ 260 ~~CLEARWATER, FL 33762~~ US	~~CONDOMINIUM ASSOCIATES~~ ~~3001 EXECUTIVE~~ DR SUITE 260 ~~CLEARWATER, FL 33762~~ US

03072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1799-B North Belcher	P.O. Box 14357
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater FL	City & State: Clearwater FL
Zip: 33765 Country: US	Zip: 33766 Country: US

4. FEI Number 59-2147739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~CONDOMINIUM ASSOCIATES~~
~~3001 EXECUTIVE~~ DR
~~280~~
~~CLEARWATER, FL 33762~~

7. Name and Address of New Registered Agent

Name: Ameri-Tech Realty
Street Address (P.O. Box Number is Not Acceptable): 1799-B North Belcher Road
City: Clearwater FL Zip Code: 33765

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: Michael C. Perez President 4-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ D DALLAO, NANCY CAROL LEMKE 910 BOUGH AVE. 403 BOUGH AV CLEARWATER, FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NUDELMAN, MARV 409 BOUGH AVE CLEARWATER, FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DALLAO, MAREY MARCY 910 BOUGH AVE. CLEARWATER, FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLASS, ROSEANNE 404 BOUGH AVE CLEARWATER, FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTIN, SANDRA 602 BOUGH AVENUE CLEARWATER, FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WESTERGARD, HELEN 502 BOUGH AVE CLEARWATER, FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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. PRES

SIGNATURE: Marvin Nudelman MARVIN NUDELMAN 4-14-05 727-726-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #