

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749490** (9)

1. Corporation Name

**EASTWOOD SHORES CONDOMINIUM NO. 3 ASSOCIATION, I
NC.**



Principal Place of Business 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622 US	Mailing Address 3001 EXECUTIVE SUITE 260 CLEARWATER FL 34622-3369 US
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3. Date Incorporated or Qualified 10/23/1979	3a. Date of Last Report 04/05/1996
4. FEI Number 59-1944119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CONDOMINIUM ASSOCIATES
8401 EXECUTIVE DR SUITE 260
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HAYNES, ROBERTA J.
STREET ADDRESS	2911-A LICHEN LANE
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BORLAND, JOYCE
STREET ADDRESS	2935-B LICHEN LANE
CITY-ST-ZIP	CLEARWATER FL
TITLE	VTD <input checked="" type="checkbox"/> DELETE
NAME	HARWOOD, LEE
STREET ADDRESS	3003-D BOUGH AVE.
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Castro
3.3 STREET ADDRESS	1983-D Lichen Lane
3.4 CITY-ST-ZIP	Clearwater, FL 34620
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LAURA Clements
4.3 STREET ADDRESS	2951-A BOUGH AVE.
4.4 CITY-ST-ZIP	Clearwater, FL 34620
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALBERT SEIFERT
5.3 STREET ADDRESS	2949-D BOUGH AVE
5.4 CITY-ST-ZIP	CLEARWATER, FL 34620
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Roberta J Haynes* **Roberta J Haynes** 4/1/97 8155391661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0087481

CR2E037 (9/96)