

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756070

**FILED**  
**Apr 12, 2015**  
**Secretary of State**  
**CC4163138193**

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

**Current Principal Place of Business:**

24701 US HIGHWAY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763

**Current Mailing Address:**

24701 US HIGHWAY 19 NORTH  
SUITE 102  
CLEARWATER, FL 33763 US

**FEI Number: 59-2069873**

**Certificate of Status Desired: No**

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

BROWDER, KAREN  
24701 US HIGHWAY 19 NORTH  
SUITE 102  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           EDWARDS, LAURI  
Address        24701 US HIGHWAY 19 NORTH  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title           VPD  
Name           KOBERNA, PAULINE  
Address        24701 US HIGHWAY 19 NORTH  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title           DIR  
Name           MCATEER, LYNDA  
Address        24701 US HIGHWAY 19 NORTH  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title           DIR  
Name           NOBLE, TINA  
Address        24701 US HIGHWAY 19 NORTH  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title           SD  
Name           JACOBUS, CHRISTOPHER  
Address        24701 US HIGHWAY 19 NORTH  
                  SUITE 102  
City-State-Zip: CLEARWATER FL 33763

*I hereby 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 all other like empowered.*

**SIGNATURE: LAURIE EDWARDS**

**PTD**

**04/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date