

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90165 021 \*\*\*\*61.25

**DOCUMENT # 744856**

1. Entity Name

**EAST HOUSE-WEST HOUSE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

% WANER PROPERTY MANAGEMENT  
2155 N.E. COACHMAN ROAD  
CLEARWATER FL 33765

Mailing Address

% WANER PROPERTY MANAGEMENT  
2155 N.E. COACHMAN ROAD  
CLEARWATER FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1874957**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WANER PROPERTY MANAGEMENT  
2155 N.E. COACHMAN ROAD  
CLEARWATER FL 34265**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

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

TITLE	<del>TD</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORESCHI, ROBERT</b>	
STREET ADDRESS	<b>2044 W. BAY DRIVE #306</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	
TITLE	<del>D</del> <b>P/D</b>	<input type="checkbox"/> Delete
NAME	<b>SIMONE, KARAKASN</b>	
STREET ADDRESS	<b>2950 W BAY DR B4</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURKETT, ANNA</b>	
STREET ADDRESS	<b>2950 W BAY DR #A-3</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>HORN, RUTH N</b>	
STREET ADDRESS	<b>4835 PLACIDA</b>	
CITY-ST-ZIP	<b>TULUCA CA</b>	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete
NAME	<b>MONTGOMERY, ETTA</b>	
STREET ADDRESS	<b>2950 W BAY DR #B-1</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FELDMAN, SANDER</b>	
STREET ADDRESS	<b>103 GEDNEY ST. # 3M</b>	
CITY-ST-ZIP	<b>NYACK NY 10960</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, GEORGE</b>	
STREET ADDRESS	<b>2944 WEST BAY DR. #106</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL 33770</b>	
TITLE	<b>VP/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIAZZA FELDMAN, MARGE</b>	
STREET ADDRESS	<b>103 GEDNEY ST. # 3m</b>	
CITY-ST-ZIP	<b>NYACK NY 10960</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYLE, JOE</b>	
STREET ADDRESS	<b>2944 WEST BAY DR. #107</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL 33770</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an officer like empowered.

SIGNATURE:

*George Allen* **GEORGE ALLEN** 2/15/06 -727-585-6943