FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:06

DOCUMENT # 746436 (5)

1. Corporation Name

EASTWOOD SHORES CONDOMINIUM NO. 1 ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
C/O HARBOUR MANAGEMENT 552 MAIN STREET SAFETY HARBOR FL 34695-3549	C/O HARBOUR MANAGEMENT 552 MAIN STREET SAFETY HARBOR FL 34695-3549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1979	3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-1893370	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

MEZER, STEVEN
1212 COURT ST.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~SD~~	1.1 TITLE	☑ Change ☐ Addition
NAME	~~TAYLOR, SHARON~~	1.2 NAME	
STREET ADDRESS	~~1840-B BOUGH AVE.~~	1.3 STREET ADDRESS	omit
CITY-ST-ZIP	~~CLEARWATER FL~~	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD ☑ Change ☐ Addition
NAME	COLLINS, SCOTT	2.2 NAME	Collins, Scott
STREET ADDRESS	~~2944-C LICHEN LANE~~	2.3 STREET ADDRESS	11613 86th TERRACE N.
CITY-ST-ZIP	~~CLEARWATER FL~~	2.4 CITY-ST-ZIP	Seminole, Fl 34642
TITLE	TD	3.1 TITLE	T.D ☑ Change ☐ Addition
NAME	OUST, POULOS	3.2 NAME	Poulos, Gust
STREET ADDRESS	~~2944-D LICHEN LANE~~	3.3 STREET ADDRESS	2226 # F Lark Cir. F.
CITY-ST-ZIP	~~CLEARWATER FL~~	3.4 CITY-ST-ZIP	Palm Harbor, Fl 34684
TITLE		4.1 TITLE	SEC ☐ Change ☑ Addition
NAME		4.2 NAME	montano, Nick
STREET ADDRESS		4.3 STREET ADDRESS	2934-C Bough Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, Fl 34620
TITLE		5.1 TITLE	D.R ☐ Change ☑ Addition
NAME		5.2 NAME	Large, Walter
STREET ADDRESS		5.3 STREET ADDRESS	2938-C Lichen Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, Fl 34620
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sandra J. Montano 2/1/95 (813)539-7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020604