FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)

EASTWOOD SHORES CONDOMINIUM NO. 1 ASSOCIATION, I NC.

Mar 26 1998 8:00am)
Secretary of State	

Principal Plac	e of Business	Mailing Address			
C/O HARBOUI	R MANAGEMENT	C/O HARBOUR MANAGEMEN	NT	3. Date incorporated or Qualified	
552 MAIN STR		552 MAIN STREET		03/23/1979	
SAFETY HARB	OR FL 34695-3549	SAFETY HARBOR FL 34695-	3549		ed For
				59-1893370 Not A	Applicable
2. Principal P	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired S8.75 Add Fee Requ	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 Max	
22		27		Trust Fund Contribution	
City & Stat	9	City & State		7. Is this nonprofit corporation a homeowners association?	
23		28		Yes No	
Zip	Country	Zip _	Country	8. This corporation owes or has paid the current year Intan	
24	[25]	29 3	10]	Personal Property Tax due June 30. Yes	40
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent	
			81 Name		
	STEVEN		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	OURT ST. Vater FL 34616		83		
OLEAN	TAIEN LE 34010		94 0	85 Zip Co	
			84 City	FL	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	the above-named co	orporation submits this statement for the purpose of changing its re-	egistered
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliq	gations of, Section 617.0503, Flori	ida Statutes.	orporation submits this statement for the purpose of changing its relation's board of directors. I hereby accept the appointment as re-	310100
SIGNATURE					
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 12
TITLE	1D	DELETE			Addition
NAME	MONTANO, NICK		1.2 NAME	Vivian Ducley	_
STREET ADDRESS	2934 C BOUGH AVE		1.3 STREET ADDRESS	94D-Blichen Lane	- 1
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Vivian Dudley 1940-13 Lichen Lane Learwater, FL 33760	
TITLE	SD	☐ DELETE	2.1 TITLE	Change	Addition
NAME	STRANGE, OSCAR		2.2 NAME		
STREET ADDRESS	2924 A BOUGH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP		
TITLE	PD	DELETE	3.1 TITLE	Change	Addition
NAME	LARGE, WALTER	_	3.2 NAME	·	
STREET ADDRESS	2838 C LICHEN LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change [Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change [Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
de thereby		with this filler shops and available for		in Section 119 07/3Vi). Florida Statutos, Lifurther certify that the in-	formation

i nereby 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 informatio 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.