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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746436**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 C/O COMMUNITY ACCOUNTIN MANAGEMENT	26 C/O COMMUNITY ACCOUNTING MANAGEMENT	03/23/1979
Suite, Apt. #, etc. 22 40347 US19 N, SUITE 129	Suite, Apt. #, etc. 27 40347 US 19 N. SUITE 129	4. FEI Number 59-1893370 ☐ Applied For ☐ Not Applicable
City & State 23 TARPON SPRINGS FL	City & State 28 TARPON SPRINGS FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34689 25	Zip / Country 29 34689 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: SPOONSTER, JANET K
82 Street Address (P.O. Box Number is Not Acceptable): 40347 US19 NORTH, SUITE 129
83
84 City: TARPON SPRING FL 85 Zip Code: 34689

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: Janet K Spoonster — 4/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DUDLEY, VIVIAN		1.2 NAME		
STREET ADDRESS	2940-B LICHEN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33760		1.4 CITY-ST-ZIP		
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	DT	☐ Change ☐ Addition
NAME	LARGE, WALTER		3.2 NAME	PINZEL, EDWARD	
STREET ADDRESS	2838 C LICHEN LANE		3.3 STREET ADDRESS	2944 C LICHEN LANE	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	CLEARWATER, FL 33760	
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		

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)