## 2000 UNIFORM BUSINESS RÉPORT (UBR)

## DOCUMENT # 746436



**FILED** Aug 17, 2000 8:00 am tate

EASTWOOD	SHORES CONDOMIN	NIUM NO. 1 ASSOC		<b>Secreta</b> 04-22-2000 9	•					
Principal Place of B	Business	Mailing Address								
C/O COMMUNITY AC 40347 US 19 N STE TARPON SPRINGS FI	129	C/O COMMUNITY A 40347 US 19 N ST TARPON SPRINGS	E 129	MT ·			(D. R. D. T)			
2. Principal Place	of Business	3. Mailing Addres	s							
Suite, Apt. #, etc	C. ,	Suite, Apt. #, et	Suite, Apt. #, etc.  City & State			DO NOT WRITE	E IN THIS :	SPAC	:E	
City & State		City & State				59-1893370			Applied For Not Applicable	
Zip Country		Zip	Zip Country			te of Status Desired			75 Additional Required	
- 6.	Name and Address of Cu	rrent Registered Agent	3-17		7. Name a	nd Address of New Ro	gistered	Agen	1	
SPOONSTER, 40347 US 19 N				Name Street Address	(P.O. Box Num	ber is Not Acceptable)				
TARPON SPRIN	NGS FL 34689		City				FL	.   Z	Zip Code	
SIGNATURE	ed entity submits this statem	· ·		ed office or registe		ooth, in the state of Flor	ida. DATE			
1	EL ENOW	MIN (B.)	amnaign Financi	ng <b>¢</b> E	00 450 85	Make	Check	Pava	able to	

FEE IS \$61.25

10.

OFFICERS AND DIRECTORS

Trust Fund Contribution.

Added to Fees

🙉 Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DINE	CIONSIN	10	_
TITLE	PD	☐ Delete	TITLE	[	Change\	Addition	(66/6)
NAME	DUDLEY, VIVIAN		NAME		\		
STREET ADDRESS	2940-B LICHEN LANE		STREET ADDRESS		,	,	CR2E037
CITY-ST-ZIP			CITY-ST-ZIP				Ж
	CLEARWATER FL 33760				Change	Addition	医
TITLE	SD	Delete	TITLE	t	Change	L) Addition	
NAME	STRANGE, OSCAR		NAME				-
STREET ADDRESS	2924 A BOUGH AVE	·	STREET ADDRESS				ĺ
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP				ł
TITLE	DT	☐ Delete	TITLE	[	Change	Addition	l
NAME	PINZEL, EDWARD		NAME	•			l
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CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP				ı
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CITY OF 71D	1		CITY_ST_7IP				1

12. 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 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 all otherwise empowered.

SIGNATURE:

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	Received Second Potice for
,	Received Lecond Potice for Corp Annual Report for Eastwood Snores Condo #1.
	Eastwood Shores Condo #1.
<del></del>	Report was filed in April -
1	enclosing copy plus copy.
	of canceled check-did
	not receive contifecate.
1	Any question please oule 727-934-3250
	12/2704-20-50
*	Community Acctg. & Mgmt. Inc. 40347 US 19 N, Ste 129
	Tarpon Springs FL 34689
-	
-	

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Attachment # 746436/107346

EASTWOOD SHORES CONDO ASSOC. 1 C/O COMMUNITY ACCTG. & MGMT., INC.	00035239	1226
40347 U.S. 19 N., STE. 129 TARPON SPRINGS, FL 34689  DATE 1	pril 12,00	63-1243/63) 01
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