# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 03, 2004 8:00 am**
**Secretary of State**
05-03-2004 91059 014 ****61.25

DOCUMENT # 746436

1. Entity Name

EASTWOOD SHORES CONDOMINIUM NO. 1 ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7850 ULMERTON ROAD<br>SUITE #1<br>LARGO FL 33771 | 7850 ULMERTON ROAD<br>SUITE #1<br>LARGO FL 33771 |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 794 S. PASADENA AVE | P.O. BOX 66507 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ST. PETERSBURG, FL. | City & State: ST. PETE BEACH, FL. |
| Zip: 33707 Country: USA | Zip: 33736 Country: USA |

4. FEI Number 59-1893370 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BABOCK, ROBERT A
HOLIDAYS ISLES PROPERTY MANAGEMENT
7850 ULMERTON ROAD
LARGO FL 33771

**7. Name and Address of New Registered Agent**

Name HENRY HEIDENREICH ADVANCED PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable) 794 S. PASADENA AVE.

City ST. PETERSBURG **FL** Zip Code 33707

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 _____ HENRY HEIDENREICH 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>STRANGE, OSCAR<br>2934 #A LICHEN LANE<br>CLEARWATER FL 33760 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PINZEL, EDWARD<br>2944 #C LICHEN LANE<br>CLEARWATER FL 33760 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DUDLEY, VIVIAN<br>2940 #B LICHEN LANE<br>CLEARWATER FL 33760 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 other like empowered.

**SIGNATURE:** Edward F Pinzel EDWARD F. PINZEL 04/30/2004 727-538-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #