2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90215 028 ****61.25

DOCUMENT # 746436

1. Entity Name

EASTWOOD SHORES CONDOMINIUM NO. 1 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
744 S PASADENA AVE SAINT PETERSBURG FL 33707	PO BOX 66507 SAINT PETERSBURG FL 33736

14001010

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
9185 US HWY 19 N	9185 US HWY 19 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PINELLAS PARK, FL	City & State: PINELLAS PARK, FL
Zip: 33782 Country: PINELLAS	Zip: 33782 Country: PINELLAS

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

HEIDENRIECH, HENRY
ADVANCED PROPERTY MANAGEMENT
794 S. PASADENA AVE
SAINT PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name: LES BREEDEN
Street Address (P.O. Box Number is Not Acceptable): MAINLANDS PROPERTIES, INC
9185 US HWY 19 N
City: PINELLAS PARK FL Zip Code 33782

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: Les Breeden DATE: 4/21/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

TITLE	PTD	☐ Delete
NAME	STRANGE, OSCAR	
STREET ADDRESS	2934 #A LICHEN LANE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VD	☐ Delete
NAME	PINZEL, EDWARD	
STREET ADDRESS	2944 #C LICHEN LANE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Oscar Strange OSCAR STRANGE 4-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #