2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #746436

1. Entity Name
EASTWOOD SHORES CONDOMINIUM NO. 1
ASSOCIATION INC.



FILED Apr 12, 2007 8:00 am Secretary of State

04-12-2007 90025 026 ****61.25

ASSOCIA	ATION, INC.			The state of the s	7					
9185 S HWY 19 N			Mailing Address 9185 S HWY 19 N PINELLAS PARK, FL 33782		4000	inta				
		1								
Z. Principal P	tace of Business - No P.O. Box #	3. Mailing Addres	58				MIN MIN ETEL		11 El 1813	
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		02262007	Chg-NP	CR2E037	7 (12/06)		
City & State		City & State			4. FEI Number 59-18933	70		 	plied For t Applicable	
Zip	Country Zip C		ountry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Current	Registered Agent			7. Name and Ad	idress of New R	egistered A	gent		
BREEDEN, LES			Name							
MANLANDS PROPETIES, INC 9185 US HWY 19 N			Street Addre		ess (P.O. Box Number i	s Not Acceptable	:)			
	PARK, FL 33782									
	**			City			FL	Zip Code		
	named entity submits this statement folions of registered agent.	or the purpose of cha	nging its registe	red office or regi	istered agent, or both,	in the State of Fk	orida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	Land trie if applicable.	(NOTE: Register	red Agent signature req	quired when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007		······	9. Election Campaign Financing Trust Fund Contribution.							
•			, .		\$5.00 May Be Added to Fees		lake check ida Depart			
10.		Tru:	, .	ution.		Flor	ida Depart	ment of S	tate	
TITLE	OFFICERS AND DI	Tru:	st Fund Contribu	ition.	Added to Fees ADDITIONS/CHAN DIRECTOR	Flor GES TO OFFICE	ida Depart	ment of S	tate	
	Due by May 1, 2007 OFFICERS AND D	RECTORS	st Fund Contribu	LE PA	Added to Fees ADDITIONS/CHAN DIRECTOR TRICIA M.	GES TO OFFICE WILLIA	ida Depart RS AND DIR MS	ment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTOR.

3/15/0 Desystra Program