NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAR -6 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746436

1. Entity Name
Eastwood Shores Condominium No.1 Association, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 0203

2. Principal Place of Business	3. Mailing Address
7850 Ulmerton Road	7850 Ulmerton Road
Suite, Apt. #, etc.: Sutie #1	Suite, Apt. #, etc.: Suite #1
City & State: Largo, FL	City & State: Largo, FL
Zip: 33771 Country: USA	Zip: 33771 Country: USA

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Robert A. Babock, Holiday Isles Property Management, Ir

Street Address (P.O. Box Number is Not Acceptable): 7850 Ulmerton Road

City: Largo **FL** Zip Code: 33771

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: Robert A Babock — Robert A. Babock — 1/ /03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	P/T/D
NAME	Strange, Oscar
STREET ADDRESS	2934 #A Lichen Lane
CITY-ST-ZIP	Clearwater, FL 33760
TITLE	V/D
NAME	Pinzel, Edward
STREET ADDRESS	2944 #C Lichen Lane
CITY-ST-ZIP	Clearwater, FL 33760
TITLE	S/D
NAME	Dudley, Vivian
STREET ADDRESS	2940 #B Lichen Lane
CITY-ST-ZIP	Clearwater, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	200014086632
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STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	**IN THIS SPACE**
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CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Oscar Strange — Oscar Strange — 1/ /03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #