

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748103 (9)

1. Corporation Name

EASTWOOD SHORES TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3000 PINE CONE CIRCLE
CLEARWATER FL 34620-5316

3000 PINE CONE CIRCLE
CLEARWATER FL 34620-5316

3. Date Incorporated or Qualified 07/17/1979
3a. Date of Last Report 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1924563	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANKIN, LEONARD J. 2380 DREW ST STE 3 CLEARWATER FL 34625				81	Name	Leighton, Lennard A.	
				82	Street (Do Not Put Box Number in Not Applicable)	1700 McMillen Booth Road	
				83		Suite C-3	
				84	City	Clearwater	FL 85 34619

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Leonnard A. Leighton* DATE 4-30-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FITZGERALD, DENNIS			1.2 NAME	William Norton		
STREET ADDRESS	3415 PINE CONE CIR			1.3 STREET ADDRESS	3215 Pine Cone Circle		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	Clearwater, FL		
TITLE	VPTD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDREWS, JOANN			2.2 NAME	Leilah Rubenstein		
STREET ADDRESS	1122 VICTOR HERBERT DRIVE			2.3 STREET ADDRESS	3823 Pine Cone Circle		
CITY-ST-ZIP	LARGO FL			2.4 CITY-ST-ZIP	Clearwater, FL		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTIN, LINDA			3.2 NAME	Dwight Merrick		
STREET ADDRESS	3423 PINE CONE CIRCLE			3.3 STREET ADDRESS	3713 Pine Cone Circle		
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP	Clearwater, FL		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Patricia Higgs		
STREET ADDRESS				4.3 STREET ADDRESS	3309 Pine Cone Circle		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Clearwater, FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Leticia Hagan		
STREET ADDRESS				5.3 STREET ADDRESS	3825 Pine Cone Circle		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Clearwater, FL		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dwight Merrick* DATE 4-30-96 DAYTIME PHONE #

CR2E037 (12/95)