

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 08:00 AM
Secretary of State

DOCUMENT # 748103

1. Entity Name
 EASTWOOD SHORES TOWNHOMES ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business SEABOARD ARBOR MGNT 2189 CLEVELAND ST. STE. 225 CLEARWATER 34619 US | Mailing Address SEABOARD ARBOR MGNT 2189 CLEVELAND ST. STE. 225 CLEARWATER 34619 US |
|---|---|

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|---|---|
| 2. Principal Place of Business 2753 STATE ROAD 580 | 3. Mailing Address 2753 STATE ROAD 580 |
|---|---|

| | |
|----------------------------|----------------------------|
| Suite, Apt. #, etc. 207 | Suite, Apt. #, etc. 207 |
|----------------------------|----------------------------|

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|-------------------------------|-------------------------------|
| City & State CLEARWATER FL | City & State CLEARWATER FL |
|-------------------------------|-------------------------------|

| | | | |
|--------------|---------------|--------------|---------------|
| Zip 33761 | Country US | Zip 33761 | Country US |
|--------------|---------------|--------------|---------------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-1924563 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 LEIGHTON LENNARD A.
 SEABOARD ARBORS MGNT.
 2189 CLEVELAND ST. STE. 225
 CLEARWATER FL
 34619 US

7. Name and Address of New Registered Agent
 Name
 REARDON MAUREEN C
 Street Address (P.O. Box Number is Not Acceptable)
 PROGRESSIVE MANAGEMENT
 2753 STATE ROAD 580 SUITE 207
 City
 CLEARWATER FL Zip Code
 33761

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.

SIGNATURE MAUREEN C. REARDON DATE 02/13/2001
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**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE D <input checked="" type="checkbox"/> Delete | NAME KAVAL RAYMOND G STREET ADDRESS 3211 PINE CONE CIRCLE CITY-ST-ZIP CLEARWATER FL 33765 |
| TITLE SD <input type="checkbox"/> Delete | NAME FORD PATRICIA A STREET ADDRESS 3213 PINE CONE CIRCLE CITY-ST-ZIP CLEARWATER FL 33765 |
| TITLE VPD <input type="checkbox"/> Delete | NAME RUSSELL SUSAN P STREET ADDRESS 3501 PINE CONE CIRCLE CITY-ST-ZIP CLEARWATER FL 33765 |
| TITLE PD <input type="checkbox"/> Delete | NAME ANDREWS JAY STREET ADDRESS 3016 PINE CONE CIRCLE CITY-ST-ZIP CLEARWATER FL 33765 |
| TITLE TD <input type="checkbox"/> Delete | NAME MARTIN LINDA STREET ADDRESS 3423 PINE CONE CIRCLE CITY-ST-ZIP CLEARWATER FL 33765 |
| TITLE <input type="checkbox"/> Delete | NAME STREET ADDRESS CITY-ST-ZIP |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME FORD PATRICIA A STREET ADDRESS 3213 PINE CONE CIRCLE CITY-ST-ZIP CLEARWATER FL 33760 |
| TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME RUSSELL SUSAN P STREET ADDRESS 3501 PINE CONE CIRCLE CITY-ST-ZIP CLEARWATER FL 33760 |
| TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME KAVAL RAYMOND G STREET ADDRESS 3711 PINE CONE CIRCLE CITY-ST-ZIP CLEARWATER FL 33760 |
| TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME MARTIN LINDA STREET ADDRESS 3423 PINE CONE CIRCLE CITY-ST-ZIP CLEARWATER FL 33760 |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: SUSAN RUSSELL PD DATE 02/13/2001

CR2E037 (11/00)