


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90571 008 \*\*\*\*70.00

<b>DOCUMENT # 748103</b>		
1. Entity Name <b>EASTWOOD SHORES TOWNHOMES ASSOCIATION, INC.</b>		

Principal Place of Business <b>4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US</b>	Mailing Address <b>4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US</b>
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**20036643**



2. Principal Place of Business <b>1799-B N. Belcher</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 14357</b> Suite, Apt. #, etc.
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03072005 Chg-NP CR2E037 (10/03)

City & State <b>Clearwater FL</b>	City & State <b>Clearwater FL</b>
Zip <b>FL 33765</b>	Zip <b>33766</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-1924563</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685</b>		7. Name and Address of New Registered Agent Name <b>Ameri-Tech Realty</b> Street Address (P.O. Box Number is Not Acceptable) <b>1799-B North Belcher Rd</b> City <b>Clearwater</b> FL Zip Code <b>33765</b>	
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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 **Michael G. Perez** President **727-726-8000** **4-15-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, LINDA 3423 PINE CONE CIRCLE CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KAVAL, RAYMOND G 3711 PINE CONE CIRCLE CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, SUSAN P 3501 PINE CONE CIRCLE CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORD, PATRICIA A 3213 PINE CONE CIRCLE CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Doug Pawling 3503 Pine Cone Circle Clearwater FL 33760</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RAYMOND G KAVAL** **4/14/05** **727-536-5028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #