2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# 748103

Entity Name: EASTWOOD SHORES TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

1799-B N BELCHER
CLEARWATER, FL 33765 US

New Principal Place of Business:

24701 US HIGHWAY 19 N SUITE #102
CLEARWATER, FL 33763 US

Current Mailing Address:

PO BOX 14357
CLEARWATER, FL 33766 US

New Mailing Address:

FEI Number: 59-1924563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERI-TECH REALTY
1799-B N BELCHER RD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

AMERI-TECH REALTY
24701 US HIGHWAY 19 N SUITE #102
CLEARWATER, FL 33763 US

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: MICHAEL G PEREZ, PRESIDENT 03/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FORD, PATRICIA A
Address: 3213 PINE CONE CIRCLE
City-St-Zip: CLEARWATER, FL 33760

Title: VPD ( ) Delete
Name: CHAMBO, NANCY
Address: 3703 PINE CONE CIR
City-St-Zip: CLEARWATER, FL 33760

Title: SD ( ) Delete
Name: PAWLING, DOUGLAS
Address: 3503 PINE CONE CIRCLE
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete
Name: MILLER, JACKIE
Address: 3311 PINE CONE CIR
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete
Name: KAVAL, CAROL
Address: 3711 PINE CONE CIR
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KAVAL, CAROL
Address: 3711 PINE CONE CIRCLE
City-St-Zip: CLEARWATER, FL 33760

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL KAVAL PD 03/27/2009
Electronic Signature of Signing Officer or Director Date