

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 # 749490 (9)
1. Corporation Name
EASTWOOD SHORES CONDOMINIUM NO. 3 ASSOCIATION, I NC.



Principal Place of Business Mailing Address
**% CONDOMINIUM ASSOCIATES, INC.
300 31ST STREET N.
ST. PETERSBURG FL 33713**

3. Date Incorporated or Qualified **10/23/1979** 3a. Date of Last Report **03/15/1995**
4. FEI Number **59-1944119** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3001 EXECUTIVE DR** 26 **3001 EXECUTIVE DR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 260** 27 **SUITE 260**
City & State City & State
23 **CLEARWATER, FL** 28 **CLEARWATER, FL**
Zip Country Zip Country
24 **34622** 25 **USA** 29 **34622** 30 **USA**

9. Name and Address of Current Registered Agent
**CONDOMINIUM ASSOCIATES, INC.
300 31ST STREET NORTH
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent
81 Name **CONDOMINIUM ASSOCIATES**
82 Street Address (P.O. Box Number is Not Acceptable) **3001 EXECUTIVE DR**
83 **SUITE 260**
84 City **CLEARWATER** FL 85 Zip Code **34622**

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE **RICHARD DUHAMEL** (Signature, typed or printed name of registered agent and title if applicable) *Richard Duhamel* (NOTE: Registered Agent signature required when reinstating) DATE **3-20-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYNES, ROBERTA J.	
STREET ADDRESS	2911-A LICEN LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BOHNE, KEVIN	
STREET ADDRESS	1883-D LICHEN LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HARWOOD, LEE	
STREET ADDRESS	3003-D BOUGH AVE.	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD BORLAND, JOYCE
2.3 STREET ADDRESS	2935-B LICHEN LANE
2.4 CITY-ST-ZIP	CLEARWATER, FL 34620
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Roberta Haynes* **ROBERTA HAYNES** 3/28/96 813 573-9300
Date Daytime Phone #

CR2E037 (12/95)