

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 34622 US | Mailing Address 3001 EXECUTIVE SUITE 260 CLEARWATER FL 34622-3369 US |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/23/1979 | 3a. Date of Last Report 04/05/1996 |
| 4. FEI Number 59-1944119 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**CONDOMINIUM ASSOCIATES
8401 EXECUTIVE DR SUITE 260
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE |
| NAME | BORLAND, JOYCE | |
| STREET ADDRESS | 2935-B LICHEN LANE | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | VTD | <input checked="" 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 | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | VPO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Robert Castro | |
| 3.3 STREET ADDRESS | 1983-D Lichen Lane | |
| 3.4 CITY-ST-ZIP | Clearwater, FL 34620 | |
| 4.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | LAURA Clements | |
| 4.3 STREET ADDRESS | 2951-A BOUGH AVE. | |
| 4.4 CITY-ST-ZIP | Clearwater, FL 34620 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | ALBERT SEIFERT | |
| 5.3 STREET ADDRESS | 2949-D BOUGH AVE | |
| 5.4 CITY-ST-ZIP | CLEARWATER, FL 34620 | |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 J Haynes* **ROBERTA J HAYNES 4/1/97 8155391661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)