

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 10/23/1979		
4. FEI Number 59-1944119	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Condominium Associates	2a. Mailing Address 26 Condominium Associates
Suite, Apt. #, etc. 22 3001 EXECUTIVE DR #260	Suite, Apt. #, etc. 27 3001 EXECUTIVE DR #260
City & State 23 CLEARWATER FL	City & State 28 CLEARWATER, FL
Zip 24 33762	Country 25 US
Country 29 US	Zip 30 33762

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **Condominium Associates**
82 Street Address (P.O. Box Number is Not Acceptable)
3001 EXECUTIVE DRIVE SUITE 260
83
84 City **CLEARWATER** **FL** 85 Zip Code **33762**

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 *Condominium Associates by Craig Caldwell, VICE PRES.* **4-9-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYNES, ROBERTA J. 2911-A LICEN LANE CLEARWATER FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORLAND, JOYCE 2935-B LICEN LANE CLEARWATER FL	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASTRO, ROBERT 1883-D LICEN LANE CLEARWATER, FL 00000	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEMENTS, LAURA 2951-A BOUGH AVE CLEARWATER FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIFERT, ALBERT 2949-D BOUGH AVE CLEARWATER FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD MOBIL, DEBBIE 3003D BOUGH AVE CLEARWATER, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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* **4/16/98 813-573-9300**

CR2E037 (10/97)