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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 749490

1. Corporation Name

EASTWOOD SHORES CONDOMINIUM NO. 3 ASSOCIATION, I NC.

Principal Place of Business

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DR #260
 CLEARWATER FL 33762
 US

Mailing Address

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DR #260
 CLEARWATER FL 33762
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/23/1979

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

9. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
 CLEARWATER FL 33762

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME HAYNES, ROBERTA J.
 STREET ADDRESS 2911-A LICEN LANE
 CITY-ST-ZIP CLEARWATER FL

TITLE TD DELETE
 NAME MOGIL, DEBBIE
 STREET ADDRESS 3003D BOUGH AVE
 CITY-ST-ZIP CLEARWATER FL

TITLE VPD DELETE
 NAME CASTRO, ROBERT
 STREET ADDRESS 1883-D LICHEN LANE
 CITY-ST-ZIP CLEARWATER, FL 00000

TITLE SD DELETE
 NAME CLEMENTS, LAURA
 STREET ADDRESS 2951-A BOUGH AVE
 CITY-ST-ZIP CLEARWATER FL

TITLE D DELETE
 NAME SEIFERT, ALBERT
 STREET ADDRESS 2949-D BOUGH AVE
 CITY-ST-ZIP CLEARWATER FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signature of Laura Clements
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

Date

DayTime Phone #

CR2E037 (11/98)