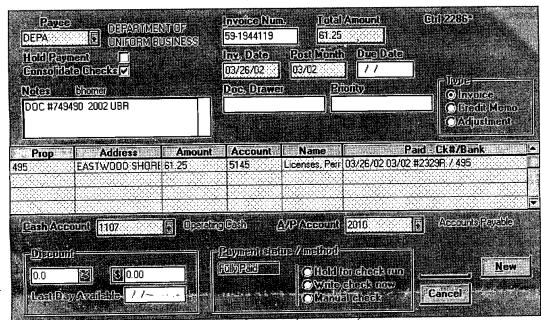
## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Aug 01, 2002 8:00 am Secretary of State **DOCUMENT # 749490** 04-03-2002 90039 036 \*\*\*\*61.25 EASTWOOD SHORES CONDOMINIUM NO. 3 ASSOCIATION. 1 Principal Place of Business Mailing Address CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR #260 CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR #260 CLEARWATER FL 33762 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-1944119 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 **CLEARWATER FL 33762** Zip Code 8. 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 9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Pavable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD. mue ☐ Delete TITLE Change □ Addition KAUFMAN, CONNIE NAME NAME 19046 BRUCE 8 DOWNS PMB 128 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition WEAVER, TINA NAME STREET ADDRESS 3003A BOUGH AVE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP -TITLE ☐ Delete TITLE ☐ Change ☐ Addition CLEMENTS, LAURA NAME NAME 2951-A BOUGH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change Carl Tompkins NAME DESJARDINS, ANDRE NAME 1883C LICHEN LANE STREET ADDRES STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-7IP 33760 TD TITLE ☐ Defete MILE ☐ Addition HRIFKO, BARBARA 2905D LICHEN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

100



Affachment 40445 —# 749490