

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90039 036 \*\*\*\*61.25

**DOCUMENT # 749490**

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1944119**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATES  
 3001 EXECUTIVE DRIVE SUITE 260  
 CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

*Paul E. Marshall, PRES*

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/27/02*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **PD**  Delete  
 NAME: **KAUFMAN, CONNIE**  
 STREET ADDRESS: **19048 BRUCE B DOWNS PMB 128**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE: **VPD**  Delete  
 NAME: **WEAVER, TINA**  
 STREET ADDRESS: **3003A BOUGH AVE**  
 CITY-ST-ZIP: **CLEARWATER FL**

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

TITLE: **D**  Delete  
 NAME: **DESJARDINS, ANDRE**  
 STREET ADDRESS: **1883C LICHEN LANE**  
 CITY-ST-ZIP: **CLEARWATER FL**

TITLE: **TD**  Delete  
 NAME: **HRIFKO, BARBARA**  
 STREET ADDRESS: **2905D LICHEN LANE**  
 CITY-ST-ZIP: **CLEARWATER FL**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME: **Carl Tompkins**  
 STREET ADDRESS: **2931 e Lichen Lane**  
 CITY-ST-ZIP: **Clearwater, FL 33760**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paul E. Marshall*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*5-10-02*

CR2E037 (9/01)

**Payee** DEPARTMENT OF UNIFORM BUSINESS  
**Invoice Num.** 59-1944119 **Total Amount** 61.25 **Ctrl** 2286\*  
**DEPA**  **Hold Payment**  **Inv. Date** 03/26/02 **Post Month** 03/02 **Due Date** / /  
 **Consolidate Checks** **Doc. Drawer** **Priority**  
**Notes** thomer **Type**  
 DOC #749490 2002 UBR  Invoice  
 Credit Memo  
 Adjustment

Prop	Address	Amount	Account	Name	Paid	CK#/Bank
495	EASTWOOD SHORE	61.25	5145	Licenses, Perr	03/26/02	03/02 #2329R / 495

**Cash Account** 1107 **Operating Cash** **A/P Account** 2010 **Accounts Payable**  
**Discount** 0.0  0.00  
**Last Day Available** / /  
**Payment status / method**  
 Full Paid  Hold for check run  
 Write check now  Manual check

Attachment

40445

~~# 749490~~