


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90188 042 ****61.25

DOCUMENT # 749490
1. Entity Name
**EASTWOOD SHORES CONDOMINIUM NO. 3
ASSOCIATION, INC.**




Principal Place of Business Mailing Address
**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR #260
CLEARWATER FL 33762
US** **CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR #260
CLEARWATER FL 33762
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-1944119 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KAUFMAN, CONNIE	
STREET ADDRESS	1879 LICHEN LANE #8	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEAVER, TINA	
STREET ADDRESS	3003A BOUGH AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LIEDEKE, DEBRA A	
STREET ADDRESS	2933 LICHEN LANE #9	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REED, MICHAEL T	
STREET ADDRESS	1929 LICHEN LANE #C	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MASON, MAR ANN	
STREET ADDRESS	2915 LICHEN LN # 8	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Hritko	
STREET ADDRESS	2905 D Lichen Lane	
CITY-ST-ZIP	Clearwater, Florida	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jill Lindsey	
STREET ADDRESS	3001 C Lichen Lane	
CITY-ST-ZIP	Clearwater, FL.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	malinda Meduri	
STREET ADDRESS	2933 B Lichen Lane	
CITY-ST-ZIP	Clearwater, Florida	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #