
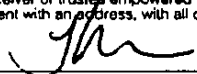


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90238 004 \*\*\*\*61.25

<b>DOCUMENT # 749490</b>					
1. Entity Name EASTWOOD SHORES CONDOMINIUM NO. 3 ASSOCIATION, INC.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1944119	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HRIFKO, BARBARA		NAME		
STREET ADDRESS	2905 D LICHEN LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEAVER, TINA		NAME		
STREET ADDRESS	3003A BOUGH AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINDSEY, JILL		NAME		
STREET ADDRESS	3001 C LICHEN LANE		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	Chomin, Jeff	
STREET ADDRESS			STREET ADDRESS	2933 B Lichen Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Clearwater, FL	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	Ford, Patricia	
STREET ADDRESS			STREET ADDRESS	2943 A Lichen Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Clearwater, FL	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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