

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90284 044 ****61.25

DOCUMENT # 749490

1. Entity Name
**EASTWOOD SHORES CONDOMINIUM NO. 3 ASSOCIATION, I
NC.**



10023037



CHECK HERE IF MAKING CHANGES

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.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

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. 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

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

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

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|-----------------------------|---------------------|-------------------------------------|
| PD | KAUFMAN, CONNIE | 19046 BRUCE B DOWNS PMB 128 | TAMPA FL | <input type="checkbox"/> |
| VPD | WEAVER, TINA | 3003A BOUGH AVE | CLEARWATER FL | <input type="checkbox"/> |
| SD | CLEMENTS, LAURA | 2951-A BOUGH AVE | CLEARWATER FL | <input checked="" type="checkbox"/> |
| D | TOMPKINS, CARL | 2931C LICHEN LANE | CLEARWATER FL 33760 | <input checked="" type="checkbox"/> |
| TD | HRIFKO, BARBARA | 2905D LICHEN LANE | CLEARWATER FL | <input checked="" type="checkbox"/> |
| | | | | <input checked="" type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------------|---------------------|----------------------|--|-----------------------------------|
| PD | Kaufman, Connie | 1879 Lichen Lane #B | Clearwater, FL 33760 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SD | Liedeker, Debra A | 2923 Lichen Lane #A | Clearwater, FL 33760 | <input type="checkbox"/> | <input type="checkbox"/> |
| TD | Mason, Ann | 2915 Lichen Lane #B | Clearwater, FL 33760 | <input type="checkbox"/> | <input type="checkbox"/> |
| D | Reed, Michael T | 2929 Lichen Lane #C | Clearwater, FL 33760 | <input type="checkbox"/> | <input type="checkbox"/> |

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 REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)