2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 754062

Entity Name: EASTWOOD SHORES CONDOMINIUM NO.4 ASSOCIATION,INC

Current Principal Place of Business:

11350 66TH ST N.
SUITE 124
LARGO, FL 33773

New Principal Place of Business:

1799-B NORTH BELCHER ROAD
CLEARWATER, FL 33765

Current Mailing Address:

11350 66TH ST N.
SUITE 124
LARGO, FL 33773

New Mailing Address:

P.O. BOX 14357
CLEARWATER, FL 33766

FEI Number: 59-2069876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLIDAY ISLES PROPERTY MGMT
11350 66TH ST N.
SUITE 124
LARGO, FL 33773 US

Name and Address of New Registered Agent:

AMERI-TECH REALTY INC
1799-B NORTH BELCHER ROAD
CLEARWATER, FL 33765 US

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: MICHAEL G PEREZ, PRESIDENT 04/16/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: MCDUFFIE, CHERYL
Address: 1851 BROUGH AVE #B
City-St-Zip: CLEARWATER, FL 33760

Title: STD ( ) Delete
Name: EVERETT, SHIRLEY
Address: 1847 BROUGH AVE #B
City-St-Zip: CLEARWATER, FL 33760

Title: PD ( ) Delete
Name: LESKO, CINDY
Address: 1837 BENCH AVE C
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY LESKO PD 04/16/2008
Electronic Signature of Signing Officer or Director Date