

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756070

FILED  
Mar 18, 2008  
Secretary of State

**Entity Name:** EASTWOOD SHORES CONDOMINIUM NO. 6 ASSOCIATION, INC.

**Current Principal Place of Business:**

1810 BOUGH AVE  
CLEARWATER, FL 33760 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14357  
CLEARWATER, FL 33766 US

**New Mailing Address:**

**FEI Number:** 59-2069873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EDWARDS, LORRIE  
Address: 2939 BOUGH AVE APT A  
City-St-Zip: CLEARWATER, FL 33760

Title: DP ( ) Delete  
Name: KOBERNA, PAULA  
Address: 1817-B BOUGH AVE  
City-St-Zip: CLEARWATER, FL 33760

Title: D ( ) Delete  
Name: WALLEN, ROSS  
Address: 2915 BOUGH AVE  
City-St-Zip: CLEARWATER, FL 33760

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: EDWARDS, LORRAINE  
Address: 2939 BOUGH AVE APT A  
City-St-Zip: CLEARWATER, FL 33760

Title: SD (X) Change ( ) Addition  
Name: KOBERNA, PAULA  
Address: 1817-B BOUGH AVE  
City-St-Zip: CLEARWATER, FL 33760

Title: VPD (X) Change ( ) Addition  
Name: NOBLE, TINA  
Address: 2937-B BOUGH AVE  
City-St-Zip: CLEARWATER, FL 33760

Title: TD ( ) Change (X) Addition  
Name: SMITH, JENNIFER  
Address: 2931-B BOUGH AVE  
City-St-Zip: CLEARWATER, FL 33760

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: LORRAINE EDWARDS

PD

03/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date