2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# 758139

Entity Name: EASTWOOD SHORES CONDOMINIUM NO. 5 ASSOCIATION, INC.

Current Principal Place of Business:

1799-B NORTH BLECHER
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14357
CLEARWATER, FL 33766 US

New Mailing Address:

FEI Number: 59-2147739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERI-TECH REALTH
1799-B NORTH BELCHER ROAD
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:	MARTIN, SANDRA	
Address:	602 BOUCH AVE	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	TD	( ) Delete
Name:	NUDELMAN, MARVIN	
Address:	409 BOUGH AVE	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	SD	( ) Delete
Name:	DALLAO, MARCY	
Address:	910 BOUGH AVE.	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	D	( ) Delete
Name:	BLASS, ROSEANNE	
Address:	404 BOUGH AVE	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	VPD	( ) Delete
Name:	CARLSON, RAYMOND	
Address:	401 BOUGH AVENUE	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	D	( ) Delete
Name:	KOZ LOWSKI, MISTY	
Address:	907 BOUGH AVE	
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:	
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: SANDRA MARTIN PD 04/09/2008

Electronic Signature of Signing Officer or Director — Date