2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2004 8:00 am
Secretary of State
04-26-2004 91289 045 ****61.25

DOCUMENT # N02000002526

1. Entity Name

EASTSHORE PALMS HOMEOWNERS ASSOCIATION INC.

66422684

MOORE CR2E037 (11/03)

5-12-04

Principal Place of Business	Mailing Address
11310 N NEBRASKA AVE TAMPA FL 33612	11310 N NEBRASKA AVE TAMPA FL 33612

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ~~APPLIED FOR~~ ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STECKBAUER, NILES
11310 N NEBRASKA AVE
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

ible)

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.

DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete	☐ Change ☐ Addition
NAME	STECKBAUER, NILES		
STREET ADDRESS	11310 N NEBRASKA AVE		
CITY-ST-ZIP	TAMPA FL 33612		
TITLE	VD	☐ Delete	☐ Change ☐ Addition
NAME	STEWART, WALTER B		
STREET ADDRESS	11310 N NEBRASKA AVE		
CITY-ST-ZIP	TAMPA FL 33612		
TITLE	STD	☐ Delete	☐ Change ☐ Addition
NAME	STEWART, CATHY		
STREET ADDRESS	11310 N NEBRASKA AVE		
CITY-ST-ZIP	TAMPA FL 33612		
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CERS AND DIRECTORS IN 10

These forms were incorrectly noted - I have changed them initialed + signed, dated. Please contact if any further ?'s - Thanks Niles Steckbauer

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: Niles Steckbauer President/Director 4-26-04 813-267-5886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Corrected Copy

5-12-04