

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 749490

**Entity Name:** EASTWOOD SHORES CONDOMINIUM NO. 3 ASSOCIATION, INC.

**FILED**  
**May 14, 2021**  
**Secretary of State**  
**0530130982CC**

**Current Principal Place of Business:**

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR SUITE 260  
CLEARWATER, FL 33762

**Current Mailing Address:**

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DR SUITE 260  
CLEARWATER, FL 33762 US

**FEI Number:** 59-1944119

**Certificate of Status Desired:** No

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

BROWN, SHAWN  
202 S ROME AVE  
SUITE 125  
TAMPA, FL 33606 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:** SHAWN BROWN

05/14/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WEAVER, TINA  
Address        CONDOMINIUM ASSOCIATES  
                  3001 EXECUTIVE DR SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title            VP  
Name            CLEMENTS, LAURA  
Address        CONDOMINIUM ASSOCIATES  
                  3001 EXECUTIVE DR SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title            TREASURER  
Name            HRIFKO, BARBARA  
Address        CONDOMINIUM ASSOCIATES  
                  3001 EXECUTIVE DR SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title            SECRETARY  
Name            LINDSEY, JILL  
Address        CONDOMINIUM ASSOCIATES  
                  3001 EXECUTIVE DR SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title            DIRECTOR  
Name            WEISS, BARBARA  
Address        CONDOMINIUM ASSOCIATES  
                  3001 EXECUTIVE DR SUITE 260  
City-State-Zip: CLEARWATER FL 33762

Title            DIRECTOR  
Name            DOTSON ANN, LEIGH  
Address        CONDOMINIUM ASSOCIATES  
                  3001 EXECUTIVE DR SUITE 260  
City-State-Zip: CLEARWATER FL 33762

*I hereby 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 all other like empowered.*

**SIGNATURE:** TINA WEAVER

**PRESIDENT**

05/14/2021

