

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749490

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**9561685304CC**

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

**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

01/16/2020

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

Title           TREASURER  
Name           DEMAIO, LOUIS  
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           CLEMENTS, LAURA  
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**

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date