

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90031 050 ****61.25



DOCUMENT # 700989
1. Entity Name
EASTERN SHORES COMMUNITY APTS INC.

Principal Place of Business Mailing Address
**3741 NE 170TH ST.
NORTH MIAMI BCH FL 33160** **3741 NE 170TH ST.
NORTH MIAMI BCH FL 33160**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

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



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
**BIELINSKI, JOYCE
3761 NE 170TH STREET
N.MIAMI BCH FL 33160**

7. Name and Address of New Registered Agent
Name **Harold Viates**
Street Address (P.O. Box Number is Not Acceptable) **3751 NE 170th St. Apt. 4**
City **N. Miami Beach** FL Zip Code **33160**

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]* **Treasurer** DATE **4/27/06**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | RS | <input type="checkbox"/> Delete |
| NAME | PETTITTO, NALDI | |
| STREET ADDRESS | 3741 NE 170TH ST. | |
| CITY-STATE-ZIP | NORTH MIAMI BCH FL 33160 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ARENAS, RICHARD | |
| STREET ADDRESS | 3661 NE 170TH | |
| CITY-STATE-ZIP | NORTH MIAMI BEACH FL 33160 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | D'FRANCO, DONNETTE | |
| STREET ADDRESS | 3741 NE 170TH | |
| CITY-STATE-ZIP | NORTH MIAMI BEACH FL 33160 | |
| TITLE | P/D | <input type="checkbox"/> Delete |
| NAME | RUTH, SPEIGEL | |
| STREET ADDRESS | 3661 NE 170 STREET | |
| CITY-STATE-ZIP | NORTH MIAMI BEACH FL 33160 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | POMPEI, DOMINIC | |
| STREET ADDRESS | 3741 NE 170TH ST. 3721 NE 170TH ST | |
| CITY-STATE-ZIP | NORTH MIAMI BCH FL 33160 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | BIELINSKI, JOYCE | |
| STREET ADDRESS | 3741 NE 170 ST 3721 NE 170 ST | |
| CITY-STATE-ZIP | NORTH MIAMI BEACH FL 33160 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAROLD VIATES | |
| STREET ADDRESS | 3751 N.E 170TH ST | |
| CITY-STATE-ZIP | NMB FL 33160 Apt. 1 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 info empowered.

SIGNATURE: *[Signature]* DATE: **4/27/07** DAYTIME PHONE #: **305-944-1614**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR