

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 15 PM 3: 12

DOCUMENT # 711726 (0)

1. Corporation Name  
EASTERN SHORES PALO ALTO ASSOCIATION, INC.

Principal Place of Business Mailing Address  
3922 NE. 166 ST 3922 NE. 166 ST  
N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/31/1966 3a. Date of Last Report 11/02/1994  
4. FEI Number 59-1311304 Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 30 Country  
24 25 29 30

9. Name and Address of Current Registered Agent

TARANTO, VICTOR  
3923 NE 166TH ST.  
#202-N  
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name TARANTO VICTOR  
82 Street Address (P.O. Box Number is Not Acceptable) 3923 NORTH EAST 166 ST #202-N  
83  
84 City NORTH MIAMI BEACH FL 85 Zip Code 33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DESOUZA, ANTHONY
STREET ADDRESS	3922 N.E. 166 ST., #305N
CITY- ST- ZIP	N. MIAMI BCH FL
TITLE	TD
NAME	TARANTO, VICTOR
STREET ADDRESS	3923 NE 166 ST., 202N
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33160
TITLE	PD
NAME	SALVATORE, VAGEARO
STREET ADDRESS	3922 NE 166 ST-201S
CITY- ST- ZIP	NORTH MIAMI BEACH FL 33160
TITLE	SP
NAME	DRESSLER, MURRAY
STREET ADDRESS	3922 NE 166 ST
CITY- ST- ZIP	N. MIAMI BEACH FL 33160
TITLE	V
NAME	ACIERNO, ANTHONY
STREET ADDRESS	3923 NE 166 ST 109N
CITY- ST- ZIP	N. MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DAI <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DE SOUZA ANTHONY
1.3 STREET ADDRESS	3922 NE 166 ST #305
1.4 CITY- ST- ZIP	NORTH MIAMI FL 33160
2.1 TITLE	TREASURER + DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TARANTO VICTOR
2.3 STREET ADDRESS	3923 NORTH EAST 166 ST #202-N
2.4 CITY- ST- ZIP	NORTH MIAMI FL
3.1 TITLE	PRESIDENT + DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AVITABILE ANN
3.3 STREET ADDRESS	3923 NORTH EAST 166 ST #202-N
3.4 CITY- ST- ZIP	NORTH MIAMI BEACH FL
4.1 TITLE	SEC + DRI <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DRESSLER MURRAY #116
4.3 STREET ADDRESS	3922 NE 166 ST
4.4 CITY- ST- ZIP	NORTH MIAMI BEACH 33160
5.1 TITLE	VP + DRI <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ACIERNO ANTHONY #109
5.3 STREET ADDRESS	3923 NE 166 ST
5.4 CITY- ST- ZIP	NORTH MIAMI FL 33160
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Victor Taranto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
VICTOR TARANTO

*Feb 1995* *305 943 1158*