

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **711726** (0)
1. Corporation Name
EASTERN SHORES PALO ALTO ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 10/31/1966
3a. Date of Last Report: 02/15/1995
4. FEI Number: 59-1311304
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent: TARANTO, VICTOR, 3923 NE 166TH ST., #216-N, N. MIAMI BEACH FL 33160
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESOUZA, ANTHONY	1.2 NAME	
STREET ADDRESS	3922 N.E. 166 ST., #305W S	1.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BCH FL	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARANTO, VICTOR	2.2 NAME	
STREET ADDRESS	3923 NE 166 ST., 216N	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVITABLE, ANN	3.2 NAME	
STREET ADDRESS	3923 NE 166 ST., #306W S	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	SP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSLER, MURRAY	4.2 NAME	
STREET ADDRESS	3923 NE 166 ST., #116 S	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	4.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACIERNO, ANTHONY	5.2 NAME	
STREET ADDRESS	3923 NE 166 ST., #109	5.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEROME HEED	6.2 NAME	
STREET ADDRESS	3923 NE 166 ST., #109	6.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	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 119.07(3)(k), 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 VICTOR TARANTO DIRECTOR 1-30-96 305-545-1158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)