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**Feb 28 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 711726 (0)
1. Corporation Name

EASTERN SHORES PALO ALTO ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3922 N.E. 166 ST N. MIAMI BEACH FL 33160	3922 N.E. 166 ST N. MIAMI BEACH FL 33160-3881

3. Date Incorporated or Qualified 10/31/1966	3a. Date of Last Report 02/02/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1311304	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DESOUZA, ANTHONY	
STREET ADDRESS	3922 NE 166 ST., #305 S.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TARANTO, VICTOR	
STREET ADDRESS	3923 NE 166 ST., 216N	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AVITABLE, ANN	
STREET ADDRESS	3923 NE 166 ST., #3065	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	SP	<input checked="" type="checkbox"/> DELETE
NAME	DRESSLER, MURRAY	
STREET ADDRESS	3923 NE 166 ST., #116	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELD, JEROME H.	
STREET ADDRESS	3923 NE 166 ST., #109	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR + SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AVITABLE ANN
3.3 STREET ADDRESS	3923 NE 166 ST 3065
3.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	TIM O'BRIEN
4.4 CITY-ST-ZIP	3922 NE 166 ST 1085 NORTH MIAMI BEACH FL 33160
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PRESIDENT
6.3 STREET ADDRESS	PHILIP PALAZZO
6.4 CITY-ST-ZIP	3922 NE 166 ST 2035 NORTH MIAMI BEACH FL 33160

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **2/17/97**

CP2E037 (9/96)