
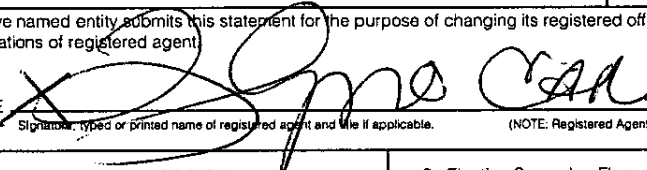
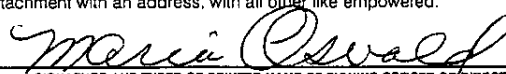


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90035 026 \*\*\*\*61.25


<b>DOCUMENT # 711726</b> 1. Entity Name <b>EASTERN SHORES PALO ALTO ASSOCIATION, INC.</b>					
Principal Place of Business 3922 N.E. 166 ST N. MIAMI BEACH, FL 33160			Mailing Address 1717 N. BAYSHORE DR. #103 MIAMI, FL 33132		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>5618 Hollywood Blvd</b>		
City & State <b>Hollywood FL</b>			4. FEI Number <b>59-1311304</b>		
Zip <b>33024</b>			Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>PAZ, DALINE</b> <b>1717 N. BAYSHORE DRIVE</b> <b>#103</b> <b>MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent Name <b>Horizon Maintenance</b> Street Address (P.O. Box Number is Not Acceptable) <b>5618 Hollywood Blvd</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>		
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  DATE <b>2/10/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COULTER, BOB 3922 NA 166 ST #110-5 NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOSE GILL 3922 NE 166 ST #205 N. Miami Ach, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIP, BECKY 3923 NE 166 ST., #305-B NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deiores OISEN 3923 NE 166 ST #204 N. Miami BCL, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNUTT, DON 3922 NE 166 ST NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSWALD, <del>MARY</del> Maria 3922 NE 166 ST. N. MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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 like empowered.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

*Attachment*

# 711726

54006624

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Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Hollywood FL.</b>		
Zip		Country		Zip <b>33024</b>	
Country		Country		4. FEI Number <b>59-1311304</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PAZ, DALINE</b> <b>1717 N. BAYSHORE DRIVE</b> <b>#103</b> <b>MIAMI, FL 33132</b>			7. Name and Address of New Registered Agent  Name <b>Horizon Maintenance</b> Street Address (P.O. Box Number is Not Acceptable) <b>5618 Hollywood Blvd</b>  City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIP, BECKY 3923 NE 166 ST., #305-B NORTH MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dolores Olsen 3923 NE 166 ST #204 N. Miami Bch, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNUTT, DON 3922 NE 166 ST NORTH MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSWALD, <del>MARY</del> Maria 3922 NE 166 ST. N. MIAMI BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
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