

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90008 006 ****61.25

DOCUMENT # 711726					
1. Entity Name EASTERN SHORES PALO ALTO ASSOCIATION, INC.					
Principal Place of Business 3922 N.E. 166 ST N. MIAMI BEACH, FL 33160		Mailing Address 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33024			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1311304	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HORIZON MAINTENANCE 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 <u>Daisy D. Nord</u>				DATE <u>3/20/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULTER, BOB		NAME		
STREET ADDRESS	3922 NA 166 ST #110-5		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIP, BECKY		NAME		
STREET ADDRESS	3923 NE 166 ST., #305-B		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSWALD, MARIA		NAME		
STREET ADDRESS	3922 NE 166 ST.		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, JOSE		NAME		
STREET ADDRESS	3922 NE 166 ST #205		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH, FL 33160		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, DELORES		NAME		
STREET ADDRESS	3923 NE 166 ST #204		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH, FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOAN M. BRUNO	
STREET ADDRESS			STREET ADDRESS	3922 NE 166 ST # 116 S	
CITY-ST-ZIP			CITY-ST-ZIP	N MIAMI BEACH FL 33160	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.					
SIGNATURE: <u>[Signature]</u>				DATE <u>3/20/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

ATTACHMENT



40037171

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

EASTERN SHORES PALO ALTO CONDOMINIUM
C/O HORIZON MAINTENANCE SERVICES, INC.
5618 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021

Subject: EASTERN SHORES PALO ALTO CONDOMINIUM

Reference Number: 000000117651

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM
ANNUAL REPORTS SECTION