

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
07 OCT 11 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<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 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33024		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2113 N 66 AV			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Hollywood FL		4. FEI Number 59-1311304	
Zip		Country 33024 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HORIZON MAINTENANCE 5618 HOLLYWOOD BLVD HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name <u>Charles Otto</u> Street Address (P.O. Box Number is Not Acceptable) <u>STRALEY &amp; OTTO PH</u> <u>2699 Stirling Rd # C-207</u> City <u>Fort Lauderdale</u> <u>FL</u> Zip Code <u>33312</u>		
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>CHARLES OTTO</u> <u>P. Otto</u> <u>10/4/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
<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 PHILLIP, BECKY 3923 NE 166 ST., #305-B NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Becky, Phillip 200110667742 10/11/07--01010--032 **\$1.25	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSWALD, MARIA 3922 NE 166 ST. N. MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$310/12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILL, JOSE 3922 NE 166 ST #205 N. MIAMI BCH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, DELORES 3923 NE 166 ST #204 N. MIAMI BCH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. BOROWSKI, PETER 3922 NE 166 ST N. MIAMI BCH FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNO, JOAN M 3922 NE 166TH ST #1165 NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CAMARADA, Josephine 3922 NE 166 ST N. MIAMI BCH, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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>Deborah Olsen</u> <u>10/4/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					