2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jan 31, 2008 **DOCUMENT#711726** Secretary of State

Entity Name: EASTERN SHORES PALO ALTO ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3922 N.E. 166 ST 3922 N.E. 166 ST

N. MIAMI BEACH, FL 33160 APT 115-S

N. MIAMI BEACH, FL 33160

Current Mailing Address: New Mailing Address:

P.O. BOX 8290 C/O UNIFIED PROPERTY SERVICES CORAL SPRINGS, FL 33075

FEI Number: 59-1311304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OTTO, CHARLES STRALEY & OTTO, PA 2699 STIRLING RD #C-207 HOLLYWOOD, FL 33321 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

BEECY, PHILLIP Name: Name: 3923 NE 166 ST., #305-N Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

OSWALD, MARIA Name: Name: Address: 3922 NE 166 ST. APT 115-S Address: City-St-Zip: N. MIAMI BEACH, FL 33160 City-St-Zip:

Title: () Delete Title: () Change () Addition

OLSEN, DELORES Name: Name: Address: 3923 NE 166 ST #206-N Address: City-St-Zip: N. MIAMI BCH, FL 33160 City-St-Zip:

(X) Change () Addition Title: () Delete Title:

Name: BOROWSKI, PETER Name: CIBOROWSKI, PETER

3922 NE 166TH ST APT 103-S 3922 NE 166TH ST APT 103-S Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33160 City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: () Delete Title: () Change () Addition

CAMARADA, JOSEPHINE Name: Name: 3922 NE 166 ST APT 114-S Address: Address: City-St-Zip: N MIAMI BEACH, FL 33160 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA OSWALD **PRES** 01/31/2008