

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90177 029 ****61.25

DOCUMENT # 749524
 1. Entity Name
ETON COUNTRYSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **5090 S.W. 64 AVE. DAVIE FL 33314**
 Mailing Address: **5090 S.W. 64 AVE. DAVIE FL 33314**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
STANLEY & OTTO, P.A.
3990 SHERIDAN STREET
SUITE 109
HOLLYWOOD FL 33021

4. FEI Number: **59-1990891**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: CECCHINI, SHELBY STREET ADDRESS: 5100 SW 64TH AVE 306 A CITY-ST-ZIP: DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE: D NAME: CUEVAS, SERGIO STREET ADDRESS: 5090 SW 64TH AVE., #307-B CITY-ST-ZIP: DAVIE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: PAN, AUGUSTA STREET ADDRESS: 5100 SW 64TH AVE 305 A CITY-ST-ZIP: DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE: ST NAME: CADARETTE, KATHY STREET ADDRESS: 5090 S.W. 64TH AVE., #106-B CITY-ST-ZIP: DAVIE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: SANTIAGO, KATHERINE STREET ADDRESS: 5080 S.W. 64TH AVE., #203-C CITY-ST-ZIP: DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE: D NAME: OWENS, LESTER STREET ADDRESS: 5090 SW 64TH AVE 306B CITY-ST-ZIP: DAVIE FL 33314	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SMITH, LAWRENCE STREET ADDRESS: 5100 S. W. 64th Ave., #202 CITY-ST-ZIP: Davie, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: Augusta, Pam STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S/T NAME: Kathy Hallett STREET ADDRESS: 5080 S. W. 64th Ave., #107 CITY-ST-ZIP: Davie, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Jerry Spradlin STREET ADDRESS: 5100 S. W. 64th Ave., #302 CITY-ST-ZIP: Davie, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MaryLou McMullen STREET ADDRESS: 5100 S. W. 64th Ave., #206 CITY-ST-ZIP: Davie, FL 33314	<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 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.

SIGNATURE: Shelby Cecchini *Shelby Cecchini* **3-2-05** **954-581-6722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #