


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90036 024 ****61.25

DOCUMENT # N31209	
1. Entity Name	
SUN VALLEY EAST CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
5670 SILLS DRIVE BOYNTON BEACH FL 33437	5670 SILLS DRIVE BOYNTON BEACH FL 33437

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

1st MOORE CR2E037 (10/05)

4. FEI Number	65-0203808	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KRIYOK DICKER, KRIYOK & STOLOFF P.A. 1818 AUSTRALIAN AVE. SOUTH STE 400 WEST PALM BEACH FL 33409	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINER, PETER	NAME	COVAL, MICHAEL
STREET ADDRESS	5585 MUNSEL LANE #202	STREET ADDRESS	9640 PAVAROTTI TERR. #101
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITES, MURRAY	NAME	
STREET ADDRESS	9879 PAVAROTTI TERRACE, 102	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILDRED, MASTERS	NAME	
STREET ADDRESS	9628 PAVAROTTI TERR 102	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	SANTANELLO, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANELLO, WILLIAM	NAME	
STREET ADDRESS	9795 PAUERETTIE TERRACE, 102	STREET ADDRESS	9795 PAVAROTTI TER, 102
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGAL, ALBERT	NAME	
STREET ADDRESS	9633 SILLS DR E, 104	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, BERNICE	NAME	
STREET ADDRESS	9507 SILLS DR W, 103	STREET ADDRESS	9705 SILLS DR E, 103
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	BOYNTON BEACH FL 33437

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Murray Levites* MURRAY LEVITES 1/25/06 561-738-9080