

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 700989

Entity Name: EASTERN SHORES COMMUNITY APTS INC.**Current Principal Place of Business:**3741 NE 170 STREET
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**3741 NE 170 STREET
NORTH MIAMI BEACH, FL 33160**FEI Number:** 59-0944291**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LESMESS, PILAR
3701 NE 170 STREET APT 2
NORTH MIAMI BEACH, FL 33160 US*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:** PILAR LESMESS

10/21/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	LESMESS, PILAR
Address	3701 NE 170 ST UNIT 2
City-State-Zip:	NORTH MIAMI BCH FL 33160

Title	VT
Name	TEASE, TERRY
Address	3751 NE 170 ST UNIT 4
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	SECRETARY
Name	DAVIDSON, SEAN
Address	3751 NE 170TH ST UNIT 4
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	DIRECTOR
Name	RANEY, CHAD
Address	3721 NE 170 ST UNIT 2
City-State-Zip:	N MIAMI BEACH FL 33160

Title	DIRECTOR
Name	CACICI, MARINA
Address	3661 NE 170 STREET 4
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	DIRECTOR
Name	JAFFE, RUTH
Address	3661 NE 170 STREET 2
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	DIRECTOR
Name	PETITTO, NALDY
Address	3751 NE 170 STREET 2
City-State-Zip:	NORTH MIAMI BEACH FL 33160

I hereby 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 all other like empowered.

SIGNATURE: PILAR LESMESS

PDT

10/21/2015

Electronic Signature of Signing Officer/Director Detail

Date