#### 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 711726

Entity Name: EASTERN SHORES PALO ALTO ASSOCIATION, INC.

## Current Principal Place of Business:

3922-3923 N.E. 166 ST N. MIAMI BEACH, FL 33160

## **Current Mailing Address:**

1500 WEST CYPRESS CREEK RD SUITE 101 FORT LAUDERDALE, FL 33309 US

## FEI Number: 59-1311304

## Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

| Title           | VP  | Title           | PRESIDENT                    |
|-----------------|---|-----------------|------------------------------|
| Name            | SANTIAGO, GUILLERMO                         | Name            | OSWALD, MARIA                |
| Address         | 3922-3923 N.E. 166 ST                       | Address         | 3922-3923 N.E. 166 ST        |
| City-State-Zip: | N. MIAMI BEACH FL 33160                     | City-State-Zip: | N. MIAMI BEACH FL 33160      |
|                 |   |                 |                              |
|                 |   |                 | 050057401                    |
| Title           | т   | Title           | SECRETARY                    |
| Title<br>Name   | T<br>BAILEY, MYRON                          | Title<br>Name   | SECRETARY<br>WEITMAN, PHYLIS |
|                 | T<br>BAILEY, MYRON<br>3922-3923 N.E. 166 ST |                 |                              |

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: MARIA OSWALD

PRESIDENT

02/10/2014 Date

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 10, 2014 Secretary of State CC0745735289

Certificate of Status Desired: No

Date