

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749524

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC0764165645**

**Entity Name:** ETON COUNTRYSIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O VESTA PROPERTY SERVICES  
13055 SW 42ND ST 203  
MIAMI, FL 33175

**Current Mailing Address:**

C/O VESTA PROPERTY SERVICES  
13055 SW 42ND ST 203  
MIAMI, FL 33175 US

**FEI Number:** 59-1990891

**Certificate of Status Desired:** No

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

FRYDMAN LAW GROUP, PLLC  
7301 WILES ROAD  
201  
CORAL SPRINGS, FL 33067 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CHAMBERS, KATHERINE D  
Address C/O NCS 4350 OAKES RD  
516  
City-State-Zip: DAVIE FL 33314

Title VPS  
Name SMITH, ELAINE  
Address C/O NCS 4350 OAKES RD  
516  
City-State-Zip: DAVIE FL 33314

Title TD  
Name DELEON, SABRINA  
Address C/O NCS 4350 OAKES RD  
516  
City-State-Zip: DAVIE FL 33314

Title S  
Name SCHULTZ, JUDY  
Address C/O NCS 4350 OAKES RD  
516  
City-State-Zip: DAVIE FL 33314

Title D  
Name WELTER, RAY  
Address C/O NCS 4350 OAKES RD  
516  
City-State-Zip: DAVIE FL 33314

*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:** ELAINE SMITH

**VICE PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date