1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 720372**

1. Corporation Name

EASTERN SHORES WHITE HOUSE ASSOCIATION, INC.

Principal Place of Business						
3660 NE 166TH ST						
OFFICE BOX 817						
N MIAMI BEACH FL 33160						

Mailing Address
3660 NE 166TH S

3660 NE 166TH ST.. OFFICE BOX 817 N MIAMI BEACH FL 33160

## FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90061 032 \*\*\*\*61.25



2. Principal P	incipal Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualified "02/26/1971"			
	te, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number Applied For			
22	27					59-1533942 Not Applicable			
City & State City & State				·		\$8.75 Additional			
23 28						5. Certificate of Status Desired Fee Required			
Zip	Country	Zip	(	Country		6. Election Campaign Financing. 55.00 May Be			
24	25	29	30			Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
						81 Name			
POLIAKOFF, GARY A., PRESIDENT				82 Street Address (P.O. Box Number is Not Acceptable)					
BECKER & POLIAKOFF, P. A.				Street Address (1.5. Box Hamber is Not Neospassy)					
3111 STIRLING ROAD				83					
FT. LAUDERDALE, FL 33312				24	0:5	85 Zip Code			
11.0.00	LINDALL, I'L GOO'L			84	City	FL  85   Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regist	tered Agent	signature r	required when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD		DELETE 1	.1 TITLE		☐ Change ☐ Addition			
NAME	PARRINO, ANNETTE		1	.2 NAMÉ					
STREET ADDRESS	3660 NE 166TH ST		1	.3 STREET	ADDRESS				
CITY-ST-ZIP	N MIAMI BCH, FL 00000			.4 CITY-ST	-ZIP				
TITLE	PD	7	DELETE 2	.1 TITLE		PD Change & Addition			
NAME	KALE, J		2	22 NAME		Susan J. Baron 3660 N.E. 166+6 St., #701			
STREET ADDRESS	3660 NE 166ST, 515		2	.3 STREET	ADDRESS	3660 MIE 166 40 3111			
CITY-ST-ZIP	N MIAMI BEACH FL 33160		2	. 4 CITY-S1	r-ZIP	N. Miani Beach, FL 33160			
TITLE	TD	Ĺ	DELETE 3	1.1 TITLE		☐ Change ☐ Addition			
NAME	GLASER, MURRAY		3	.2 NAME					
STREET ADDRESS	3660 NE 166TH ST		3	3 STREET	ADDRESS				
CITY-ST-ZIP	N MIAMI BEACH FL			3.4. CITY-ST	T-ZIP				
TITLE :	D		DELETE 4	.t TITLE		☐ Change ☐ Addition			
NAME ;	REICHMAN, SIDNEY		4	. 2 NAME					
STREET ADDRESS	3660 NE 166TH ST		4	3 STREET	ADDRESS	. '			
CITY-ST-ZIP	N MIAMI BEACH FL			4 CITY-ST	- ZIP				
TITLE	D	7	•	.1 TITLE		D □ Change □ Addition			
NAME	PACIFICO, RALPH			2 NAME		Juan Garcia ST., #4/2			
STREET ADDRESS	3660 NORTHEAST 166TH STRE	ET	5	3.3 STREET	ADORESS	3000 141 100/11 -1			
CITY-ST-ZIP	NORTH MIAMI BEACH FL			A CITY-ST	-ZIP	N. Miani Beach, F1 33/60			
TITLE	SD		DELETE 6	3.1 TITLE		☐ Change ☐ Addition			
NAME	DIFRANCO, R		6	3.2 NAME		` '			
STREET ADDRESS	3660 NE 166 ST, 605		6	3.3 STREET	ADDRESS	s  ·			
CITY-ST-ZIP	N MIAMI BEACH FL 33160		6	3.4 CITY-ST	-ZIP				

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

NATURE AND THESE OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR

3/299

305-944-5039 Daytime Phone #

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