

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90164 041 ****61.25

DOCUMENT # 720372 1. Entity 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 ST., OFFICE BOX 817 N MIAMI BEACH, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1533942	
5. Certificate of Status Desired ☐				Applied For - ☐ Not Applicable	
6. Name and Address of Current Registered Agent POLIAKOFF, GARY A., PRESIDENT BECKER & POLIAKOFF, P. A. 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312				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 reinstating) DATE _____					
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PS REICHMAN, SIDNEY E 3660 NE 166 ST., #104 NORTH MIAMI BEACH, FL 33160	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL SOLIS 3660 NE 166 ST # 516 NORTH MIAMI BEACH FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLASER, MURRAY 3660 N.E. 166 ST., #604 NORTH MIAMI BEACH, FL 33160	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY IRIS BLUMENAU 3660 NE 166 ST # 310 NORTH MIAMI BEACH FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAPPORT, MARTIN 3660 NE 166 ST., #802 NORTH MIAMI BEACH, FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUSEK, PATRICIA 3660 NE 166 ST., #408 NORTH MIAMI BEACH, FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST TREASURER/DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BLISS, WILLIAM 3660 NE 166 ST, #408 NORTH MIAMI BEACH, FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3660 NE 166 ST # 207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FALSEY, BARBARA 3660 NE 166 ST., #104 NORTH MIAMI BEACH, FL 33160	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Michael Solis</u> MICHAEL SOLIS 3/4/06 (305) 944-5039 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					