

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720372

FILED
Apr 19, 2009
Secretary of State

Entity Name: EASTERN SHORES WHITE HOUSE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1533942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLIAKOFF, GARY A., PRESIDENT
BECKER & POLIAKOFF, P. A.
3111 STIRLING ROAD
FT. LAUDERDALE,, FL 33312 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLISS, WILLIAM
Address: 3660 NE 166 ST #207
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VPD () Delete
Name: MIKLASZEWSKI, MICHEL
Address: 3660 NE 166 ST #805
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: TD () Delete
Name: SNYDER, RUSSELL
Address: 3660 NE 166 ST #511
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: SDVT () Delete
Name: KUSEK, PATRICIA
Address: 3660 NE 166 ST #408
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: DIR (X) Delete
Name: GLASER, MURRAY
Address: 3660 NE 166 ST #604
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GLASER, MURRAY
Address: 3660 NE 166 ST #604
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHEL MIKLASZEWSKI

VPD

04/19/2009

Electronic Signature of Signing Officer or Director

Date