

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732594** (7)

1. Corporation Name
EASTVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
SANDOR SCHEINER **SANDOR SCHEINER**
950 EUCLID AVE **950 EUCLID AVE**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**
US **US**

3. Date Incorporated or Qualified **04/28/1975** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **26**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28**
Zip Country Zip Country
24 **25** **29** **30**

4. FEI Number **59-1654694** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SCHNEIDER SANDOR
950 EUCLID AVE
APT 308
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name **MOSHE BERKOVITS**
82 Street Address (P.O. Box Number is Not Acceptable)
2971 ROYAL PALM
83
84 City **MIAMI BEACH** **FL** **85** Zip Code **33140**

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 *Moshe BERKOVITZ* *MOR* *3/17/96*
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOB, MARTON	12 NAME	
STREET ADDRESS	950 EUCLID AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, BERTA	22 NAME	
STREET ADDRESS	950 EUCLID AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	24 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER SANDOR	32 NAME	Moshe BERKOVITZ
STREET ADDRESS	950 EUCLID AVE	33 STREET ADDRESS	2971 ROYAL PALM
CITY-ST-ZIP	MIAMI BEACH FL 33139	34 CITY-ST-ZIP	M.B 33140
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Moshe Berkovitz* *3/17/96* *MOR*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E037 (12/95)