


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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	
950 EUCLID AVE. 950 EUCLID AVE MIAMI BEACH FL 33139 US		950 EUCLID AVE MIAMI BEACH FL 33139 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Country	30. Country

3. Date Incorporated or Qualified
04/28/1975

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**LOB, M.
950 EUCLID AVE.
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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]* **MARTON LOB** 1-5-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP PRESIDENT <input type="checkbox"/> DELETE
NAME	LOB, MARTON
STREET ADDRESS	950 EUCLID AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	DV HECTOR PROANO <input type="checkbox"/> DELETE
NAME	WEISS, BERTA
STREET ADDRESS	950 EUCLID AVE
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	D BOARD DIRECTOR <input type="checkbox"/> DELETE
NAME	FREIDMAN, LEO
STREET ADDRESS	950 EUCLID AVE., #206
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	M BOARD DIRECTOR <input type="checkbox"/> DELETE
NAME	M WALDMAN
STREET ADDRESS	950 EUCLID AVE
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	M BOARD DIRECTOR <input type="checkbox"/> DELETE
NAME	M LICHTENSTEIN
STREET ADDRESS	950 EUCLID AVE
CITY-ST-ZIP	MIAMI BEACH FL 33139

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hector Proano
2.3 STREET ADDRESS	950 Euclid Ave
2.4 CITY-ST-ZIP	Miami Beach, Fla, 33139
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *[Signature]* **MARTON LOB** 1 5 98
Signature, typed or printed name of officer, director, receiver or trustee Date

CR2E037 (10/97)