


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90040 003 ****61.25

| | | | |
|--|---------|---|---------|
| DOCUMENT # 732594 | |  | |
| 1. Entity Name EASTVIEW VILLAS CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 950 EUCLID AVE. 950 EUCLID AVE MIAMI BEACH FL 33139 US | | Mailing Address 950 EUCLID AVE MIAMI BEACH FL 33139 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 59-1654694 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |



MOORE CR2E037 (11/03)

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent AMSELLEM, DENISE 950 EUCLID AVE. MIAMI BEACH FL 33139 | | 7. Name and Address of New Registered Agent Name CYRUS I COHEN Street Address (P.O. Box Number is Not Acceptable) 950 EUCLID AVE APT 211 EASTVIEW VILLAS City MIAMI BEACH FL Zip Code 33139 | |
|---|--|--|--|

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 CYRUS I. COHEN *Cyrus I. Cohen* DATE 2/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P | <input checked="" type="checkbox"/> Delete | TITLE | P/D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AMSELLEM, DENISE | | NAME | Cyrus Cohen #211 | |
| STREET ADDRESS | 950 EUCLID AVE #304 | | STREET ADDRESS | 950 Euclid Ave #211 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | | CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete | TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUER, GLORIA E | | NAME | Gloria Rodriguez | |
| STREET ADDRESS | 950 EUCLID AVE #109 | | STREET ADDRESS | 950 Euclid Ave #109 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | | CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FREIDMAN, LEO | | NAME | Sandra Karst | |
| STREET ADDRESS | 950 EUCLID AVE., #206 | | STREET ADDRESS | 950 Euclid Ave #308 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | | CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | BD | <input checked="" type="checkbox"/> Delete | TITLE | C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RACZWOSKY, GRAZYNA | | NAME | Grazyna Raczkowski | |
| STREET ADDRESS | 950 EUCLID AVE #302 | | STREET ADDRESS | 950 Euclid Ave #302 | |
| CITY-ST-ZIP | MIAMI BCH FL 33139 | | CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | BD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SASCHEZ, ANA | | NAME | Denise Amsellem | |
| STREET ADDRESS | 950 EUCLID AVE #103 | | STREET ADDRESS | 950 Euclid Ave #304 | |
| CITY-ST-ZIP | MIAMI BCH FL 33139 | | CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | I | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WEISS, BERTHA | | NAME | Chana Gumbo | |
| STREET ADDRESS | 950 EUCLID AVE #108 | | STREET ADDRESS | 950 Euclid Ave #212 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | | CITY-ST-ZIP | MIAMI BEACH FL 33139 | |

12. 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 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: Cyrus I. Cohen *Cyrus I. Cohen* DATE 2/17/04 DAYTIME PHONE # 305-534-8041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~Block 11~~

Attachment
44012648

732594

Title: D

Addition

name: Richard Leonido

Street Address: 950 Euclid Ave #202

City-st-zip: Miami Beach FL 33139

Title: T/D

name: Bertha Weiss

change

Street Address: 950 Euclid Ave #108

City St zip: Miami Beach FL 33139