


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90048 014 ****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



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1654694** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COHEN, CYRUS I
950 EUCLID AVE.
211
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name **SANDRA - KARSSST**
Street Address (P.O. Box Number is Not Acceptable)
950 Euclid Ave # 308
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 *Sandra Karssst* **SANDRA KARSSST** DATE **2/7/05**

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, 2005

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

TITLE	P	<input type="checkbox"/> Delete
NAME	COEN, CYRUS	
STREET ADDRESS	950 EUCLID AVE #211	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUER, GLORIA E	
STREET ADDRESS	950 EUCLID AVE #109	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KARSSI, SANDRA	
STREET ADDRESS	950 EUCLID AVE #308	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RACZKOWSKI, GRAZYNA	
STREET ADDRESS	950 EUCLID AVE #302	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMSELLM, DENISE	
STREET ADDRESS	950 EUCLID AVE #304	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEISS, BERTHA	
STREET ADDRESS	950 EUCLID AVE #108	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, CYRUS	
STREET ADDRESS	950 Euclid Ave #211	
CITY-ST-ZIP	MIAMI Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA KARSSST	
STREET ADDRESS	950 Euclid Ave #308	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANA GUMBO	
STREET ADDRESS	950 Euclid Ave #209	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Giles Hofacer	
STREET ADDRESS	950 Euclid Ave #209	
CITY-ST-ZIP	MIAMI Beach FL 33139	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDRO CRESENTE	
STREET ADDRESS	950 Euclid Ave # 306	
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: *Sandra Karssst* **SANDRA KARSSST** DATE **2/7/05** 305.310.9975 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR