


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 732594
 1. Entity Name
EASTVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.



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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
 1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
KARSST, SANDRA
950 EUCLID AVE.
308
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 (NOTE: Registered Agent signature required when substituting) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	D	<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	PD	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000427561	
CITY-ST-ZIP	02/21/06-80013-009 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *[Handwritten Signature]* *[Handwritten Signature]* 01/3/06