2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

lonia Grodringer

SIGNATURE:

Secretary of State DOCUMENT #732594 06-08-2007 90002 009 ****61.25 EASTVIEW VILLAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 950 EUCLID AVE. 950 EUCLID AVE 40100 950 EUCLID AVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Act. #. etc. Suite, Apt. #, etc. 06052007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-1654694 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARSST, SANDRA Street Address (P.O. Box Number is Not Acceptable) 950 EUCLID AVE. # 308 MIAMI BEACH, FL 33139 City 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 Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. П Fiorida Department of State Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TILLE TITLE Change PAGIOGHT - PINEGOR Deleteras COEN, CYRUS NAME NOKELLM DENISE 950 EUCLID AVE #211 STREET ADDRESS STREET ADDRESS K) LAZOTONI MIAMI BEACH, FL 33139 950 EUCLID PUZ HOT 364 CITY-ST-ZIP CATY-ST-ZIP TITLE TRIE ASJAER MAECTOR Ì2 Change ☐ Addition RODRIGUER, GLORIA E NAME NAME RAL IL KOWSKI 950 EUCLID AVE #109 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP KARSSÝ SAMORA HOT TITLE Delete ☐ Addition KARSSI, SANDRA NAME NALE STREET ADDRESS 950 EUCLID AVE #308 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-7IP TITLE ☐ Delete TITLE After PLEAS DELETE AS TRESLINER FINE RACZKOWSKI, GRAZYNA NAME NAME STREET ADDRESS 950 EUCLID AVE #302 STREET ADDRESS OIRC-tor CHY-ST-ZIP MIAMI BCH, FL 33139 CITY-ST-ZIP DIRECTOR. BEVERIN SILLET D- P TITLE Delete 1M F NAME AMSELLM, DENISE NAME 950 EUCLID AVE #304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BCH, FL 33139 CITY-ST-77P C D TITLE ☐ Delete TITLE WEISS, BERTHA NAME NAME 950 EUCLID AVE #108 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

FILED

Jun 08, 2007 8:00 am