

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732594

FILED
May 01, 2010
Secretary of State

Entity Name: EASTVIEW VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

950 EUCLID AVE.
APT # 109
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

950 EUCLID AVE.
MIAMI BEACH, FL 33139 US

Current Mailing Address:

950 EUCLID AVE
APT #109
MIAMI BEACH, FL 33139 US

New Mailing Address:

C/O BLUE LEAF LLC ,
P.O BOX 190239
MIAMI BEACH, FL 33119 US

FEI Number: 59-1654694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KARSST, SANDRA
950 EUCLID AVE.
308
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

BLUE LEAF LLC
601 COLLINS AVENUE
SUITE A
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: DOMINIQUE BAILLEUL

05/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: RODRIGUEZ, GLORIA E
Address: 950 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD
Name: COLLURA, VINCENT
Address: 950 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD
Name: RACZKOWSKI, GRAZYNA
Address: 950 EUCLID AVE
City-St-Zip: MIAMI BCH, FL 33139

Title: D
Name: AMSELLM, DENISE
Address: 950 EUCLID AVE #304
City-St-Zip: MIAMI BCH, FL 33139

Title: D
Name: LEE, HYUN JYONG MONICA
Address: 950 EUCLID AVE #212
City-St-Zip: MIAMI BEACH, FL 33139

Title: D
Name: INGER, JERNBERG
Address: 950 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT COLLURA

PD

05/01/2010

Electronic Signature of Signing Officer or Director

Date