2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 744766

1. Entity Name
EASTERN PARKVIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16518 N.E. 26TH. AVE. NORTH MIAMI BEACH, FL 33160-4021	16518 N.E. 26TH. AVE. NORTH MIAMI BEACH, FL 33160-4021

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERLE, JACQUELINE
16518 NE 26TH AVENUE
NORTH MIAMI BEACH, FL 33160

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	TD
NAME	PERLE, JACQUELINE
STREET ADDRESS	16518 NE 26TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	DIAMOND, RICKI
STREET ADDRESS	16518 NE 26TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	AGOSTI, FERNANDO
STREET ADDRESS	16518 N.E. 26TH. AVE. APT. 405
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 331604021
TITLE	PD
NAME	BRANCACCIO, JOSEPH
STREET ADDRESS	1130 NE 210 TERRACE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000505156
04/26/06-80105-018 61.25

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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.

SIGNATURE: Jacqueline Perle Jacqueline Perle 4/10/07 305-893-5580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #