## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #744766**

1. Entity Name

EASTERN PARKVIEW CONDOMINIUM ASSOCIATION, INC.



FILED Feb 23, 2007 08:00 AM Secretary of State

Principal Place of Business

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

16518 N.E. 26TH. AVE. North Miami Beach, FL 33160-4021



01082007 No Chg-NP

CR2E037 (4/06)

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 Figure 1, typed by printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financir     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERLE, JACQUELINE 16518 NE 26TH AVE MIAMI, FL				Linnanne konne
TITLE	SD				U00000646325 03/06/07-80026-004 61.25
NAME STREET ADDRESS	DIAMOND, RICKI 16518 NE 26TH AVE				00, 00, 00, 0000 00, 01, 00
CITY-ST-ZIP	MIAMI, FL	į.			
TITLE	VD	<del>""</del>			
NAME STREET ADDRESS	AGOSTI, FERNANDO	Ī			*
CITY-ST-ZIP	16518 N.E. 26TH. AVE. APT. 405   NORTH MIAMI BEACH, FL 331604021			DO	NOT WRITE
TATLE	PD			· INI	THIS SPACE
NAME	BRANCACCIO, JOSEPH			11.4	THIS SPACE
STREET ADDRESS CITY-ST-ZIP	1130 NE 210 TERRACE MIAMI, FL 33174				
TITLE	(MD401, 1 E 33174		•		
NAME		į			
STREET ADDRESS CITY-ST-ZIP					
TITLE	-				
NAME		Ì			
STREET ADDRESS					

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.

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CITY-ST-ZIP

2/20/07