

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 744766

1. Entity Name
EASTERN PARKVIEW CONDOMINIUM ASSOCIATION,
INC.



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

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP

CR2E037 (4/06)

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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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DIAMOND, RICKI
16518 NE 26TH AVE
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
AGOSTI, FERNANDO
16518 N.E. 26TH. AVE. APT. 405
NORTH MIAMI BEACH, FL 331604021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BRANCACCIO, JOSEPH
1130 NE 210 TERRACE
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000954267
07/11/08-80007-002 61.25

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IN THIS SPACE**

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

7/8/08

305-893-5580