

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749524

FILED  
Mar 01, 2010  
Secretary of State

**Entity Name:** ETON COUNTRYSIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5090 S.W. 64 AVE.  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

4801 S UNIVERSITY DRIVE  
STE 132  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 59-1990891      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDMAN ROSA, PA  
6754 PINES BOULEVARD  
SUITE: B  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHAMBERS, KATHERINE D  
Address: 5090 SW 64 AVE  
City-St-Zip: DAVIE, FL 33314

Title: VPS  
Name: SMITH, ELAINE  
Address: 5100 SW 64 AV  
City-St-Zip: DAVIE, FL 33314

Title: D  
Name: DELEON, SABRINA  
Address: 5090 SW 64 AVE 206  
City-St-Zip: DAVIE, FL 33314

Title: T  
Name: HALLETT, KATHY  
Address: 5080 SW 64 AVE 107  
City-St-Zip: DAVIE, FL 33314

Title: S  
Name: SCHULTZ, JUDY  
Address: 5100 SW 64 AVE  
City-St-Zip: DAVIE, FL 33314

Title: D  
Name: WELTER, RAY  
Address: 5080 SW 64 AVE  
City-St-Zip: DAVIE, FL 33314

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: KATHERINE CHAMBERS

PD

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date