

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749524

FILED
Mar 16, 2011
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:

4800 S UNIVERSITY DR STE 132
DAVIE, FL 33328

New Mailing Address:

4801 S UNIVERSITY DR STE 132
DAVIE, FL 33328

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, P.A.
1000 SEMINOLE DR STE 500
FT LAUDERDALE, FL 33304 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: HIDALGO, RONALDO
Address: 5090 SW 64 AVE # 301
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: KATHRYN CHAMBERS

PD

03/16/2011

Electronic Signature of Signing Officer or Director

Date