

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 756943

1. Entity Name
EASTSIDE MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
12120 NE 6TH AVE
NORTH MIAMI, FL 33161

Mailing Address
12120 NE 6TH AVE
#7
NORTH MIAMI, FL 33161

2. Principal Place of Business
12120 NE 6TH AVE

3. Mailing Address

Suite, Apt. #, etc.
NORTH MIAMI FL

Suite, Apt. #, etc.

City & State

City & State

Zip 33161 Country DADE

Zip Country

11172005 REIN-NP CR2E099 (6/04)

4. FEI Number
65-0982552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBI, JOEL S ESQ.
1313 NE 125TH STREET
MIAMI, FL 33161

Name LUIS A. Pupo
Street Address (P.O. Box Number is Not Acceptable)
1560 NE 127 STREET # 104 NORTH MIAMI FL 33161
City NORTH MIAMI FL Zip Code 33161

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

FILE NOW!!! FEE IS \$236.25

After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BORNO, ALOURDES
STREET ADDRESS 12120 NE 6TH ST 7
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE ☐ Change ☒ Addition
NAME LUIS A. Pupo
STREET ADDRESS 12120 N.E. 6TH AVE. #7
CITY-ST-ZIP NO. MIAMI, FL. 33161

TITLE TD ☒ Delete
NAME MANTILLA, JOSE
STREET ADDRESS 12120 NE 6TH AVENUE #1
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE ☐ Change ☒ Addition
NAME AVIV IFAN
STREET ADDRESS 12120 N.E. 6TH AVE. #2
CITY-ST-ZIP NO. MIAMI, FL. 33161

TITLE SD ☒ Delete
NAME LEAGAGNER, JUDITH
STREET ADDRESS 12120 NE 6TH AVE APT 13
CITY-ST-ZIP NORTH MIAMI, FL 33161

TITLE ☐ Change ☒ Addition
NAME ALEXANDER YARR
STREET ADDRESS 12120 N.E. 6TH AVE #12
CITY-ST-ZIP NO. MIAMI, FL. 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SHAJAIRA-BAILEY
STREET ADDRESS 12120 N.E. 6TH AVE. #10
CITY-ST-ZIP NO. MIAMI, FL. 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAMS JAN 27 2008