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NONPROFIT CORPORATION ANNUAL REPORT



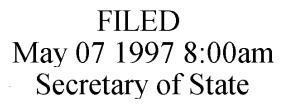
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 ~ 7576

(8)



EASTERN SHORES MANOR CONDOMINIUM ASSOCIATION, IN C. Principal Place of Business Mailing Address 16851 NE 35TH AVE NO MIAMI BCH FL 33160 3025									
						 Date incorporated or Qualified 04/21/1981 	3a. D	ate of Last R 05/01/19 8	
2. Principal Place of Business 11 Suite, Apt #, etc.		<u> </u>	2a. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEI Number 59-2186080			oplied For ot Applicable
		Suite, Apt. #				5. Certificate of Status Desired		60 7E A 4 100 - 1	
City & Stat	е	City & State			······································	6. Election Campaign Financing		\$5.00	May Be
23] Zip	Country	Zip	L	Country		Trust Fund Contribution 8 This corporation has liability for	rjntangible	tax under s	to Fees . 199.032,
24	25 9 Name and Address	29 of Current Registered Agent	30	<u> </u>		Florida Statutes 10. Name and Address of New F	Yes [
ST PATRICKS CORPORATION 16851 NE 35TH AVE #26 33160 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Flor office or registered agent, or both, in the State of Florida. Such cha agent. I am familiar with, and accept the obligations of, Section 617				83 84 City		ress (P.O. Box Number is Not Accept	FL	_ 1	Code
office or r	egistered agent, or both, in my familiar with, and accent	s 617.0502 and 617.1506, Flori the State of Florida. Such chai the obligations of Section 617	da Statutes, nge was auth 0503. Florid	the above- horized by	named corp the corporat	ooration submits this statement for the tion's board of directors. I hereby acc	purpose o	f changing It cointment as	s registered registered
office or r agent. I a SIGNATURE							purpose o	f changing It cointment as	s registered registered
	Signature, typed or printed name of re OFFII	egistered agent and title if applicable. CERS AND DIRECTORS	(NOTE: Re	egistered Agen		poration submits this statement for the tion's board of directors. I hereby acc red when reliability) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. ITILE	Signature, typed or printed name of its OFFIG	egistered agent and title if applicable. CERS AND DIRECTORS		egistered Agen		red when reinstating)	DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of its OFFIT PD BALEY, NOEL A	egistered agent and title if applicable. CERS AND DIRECTORS	(NOTE: Re	egistered Agen 13. 1.1 TITLE 1.2 NAME	t signature requir	red when reinstating)	DATE	D DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of its OFFIT PD BALEY, NOEL A 16851 N E 35 AVE	egistered agent and title if applicable. CERS AND DIRECTORS	(NOTE: Re	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	t signature requir	red when reinstating)	DATE	D DIRECTOR	RS IN 12
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4. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ME OF SIGNING OFFICER OF DIRECTOR PROPERTY Date Day Day Proper 2003144