2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

DOCUMENT # 758891 1. Entity Name EAST SHORE CONDOMINIUM ASSOCIATION, INC.						0.	4-11-2007	90022 0	35 ****61.	25
Principal Place of Business 3000 N. OCEAN BLVD FT LAUDERDALE, FL 33308		Mailing Address C/O ASTRO PROPERTY MANAGEMENT 7154 N. UNIVERSITY DR. # 213 TAMARAC, FL 33321								
2. Principal P	lace of Business - No P.O. Box #	3. Mailing		SERI	ماند					.1 1 1.41.1151
Suite, Apt.	#, etc.	Suite.	Apt. #, etc. 5 TAFT	.ST		04022007 C	hg-NP	CR2E	37 (12/06).	
City & State	9	170C	State Lywooz) /	-C	4. FEI Number 59-214303	31			plied For t Applicable
Zip	Country	33 t	24	Country WA-		5. Certificate of S	tatus Desired		\$8,75 Add Fee Required	
	6. Name and Address of Current F	Registered A	gent			7. Name and Add	iress of New I	Registered	Agent	
KAYE, RO	BERT PA			Nam	ne					
6261 NW 6	STH WAY			Stre	et Address (P.O. Box Number is	Not Acceptable	e)		
STE 103 FT. LAUDE	ERDALE, FL 33309									
	,			City					Zip Code	
9 The shows	pamod antiture the this statement for	- the	of changing its as	sistered offic			the Ctate of El	FI		
	named entity submits this statement for ions of registered agent.	i trie purpose	or changing its re	gistered onto	e or registe	red agent, or both, in	i the State of Fi	Oiroa. 1 aii	riaminai wim,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicat	le. (NOTE: R	Registered Agent e	signature require	d when reinstating)	-	DATE		
SIGNATURE		<u> </u>				<u> </u>				
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	<u> </u>	9. Election Camp Trust Fund Cor	aign Financii		\$5.00 May Be Added to Fees		flake che	ck payable to	
SIGNATURE	Filing Fee is \$61.25		9. Election Camp	aign Financii	ng 🔲	\$5.00 May Be	Flo	Make che rida Depa	rtment of St	ate
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12. Thereby 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.

CITY-ST-ZIP

SIGNATURE: X

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/07

Daytime Phone #