## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758891** 

FILED Apr 27, 2009 Secretary of State

Entity Name: EAST SHORE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3000 N. OCEAN BLVD FT LAUDERDALE, FL 33308

Current Mailing Address: New Mailing Address:

C/O USA SERVICE C/O USA MANAGEMENT 6915 TAFT ST 6915 TAFT ST HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024

FEI Number: 59-2143031 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KAYE, ROBERT PA

6261 NW 6TH WAY

SHAPIRO, PAUL

6915 TAFT STREET

STE 103

HOLLYWOOD, FL 33024 US

FT. LAUDERDALE, FL 33309 US

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: PAUL J SHAPIRO 04/27/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

FORT LAUDERDALE, FL 33308

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 DS/T
 ( X) Change ( ) Addition

 Name:
 WORK, STACI
 Name:
 WORK, STACI

 Address:
 3000 N. OCEAN BLVD #207
 Address:
 3000 N. OCEAN BLVD #207

City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PD () Delete Title: () Change () Addition Name: CAMPOS, VICTOR M Name: Address: 11316 SW 85TH LN Address:

City-St-Zip: MIAMI, FL 33173 City-St-Zip:

 Title:
 DVP () Delete
 Title:
 () Change () Addition

 Name:
 DELL, LYNN
 Name:

 Address:
 3000 N. OCEAN BLVD #206
 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAUL J SHAPIRO MANA 04/27/2009