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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762865

(4)

76+97

1. Corporation Name

EAST END CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O J. B. WILLER
5200 N OCEAN DR. #704
SINGER ISLAND FL 33404

C/O J. B. WILLER
5200 N OCEAN DR. #704
SINGER ISLAND FL 33404

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SECRETARY OF STATE



REINSTATEMENT

96+97

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNETT, LARRY
2601 NE FIRST ST
CONDO UNIT #6
POMPANO BCH FL 33062

81 Name

JOE R. SLOAN

82 Street Address (P.O. Box Number is Not Acceptable)

2601 NE FIRST ST

83

CONDO UNIT #6

84

City

POMPANO BEACH

FL

85 Zip Code

33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Joe R. Sloan

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/3/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUSFIELD, GORDON	
STREET ADDRESS	25035 WOODRIDGE TRIANGLE	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNETT, LARRY	
STREET ADDRESS	6151 MIDDLE LAKE	
CITY-ST-ZIP	CLARKSTON MI	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	WILLER, J. B.	
STREET ADDRESS	5200 N OCEAN DR A-704	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PROTOS, RUTH	
STREET ADDRESS	2601 N.E. 1ST ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREAS D
3.3 STREET ADDRESS	JOE R. SLOAN
3.4 CITY-ST-ZIP	1609 CAMBRIDGE
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SEC. ARLENE SLOAN
4.3 STREET ADDRESS	1609 CAMBRIDGE
4.4 CITY-ST-ZIP	BERKLEY MI 48072
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joe R. Sloan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe R. Sloan 1/24/98

DATE

Daytime Phone #

CR2E037 (12/95)