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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762865** (4)

1. Corporation Name

EAST END CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O J. B. WILLER 5200 N OCEAN DR. #704 SINGER ISLAND FL 33404	Mailing Address C/O JANET CUNNINGHAM 4145 ARLINGTON ROYAL OAK MI 48073
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3. Date Incorporated or Qualified 04/13/1982	4. FEI Number 38-1945418	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 C/O JOSEPH ALVES	2a. Mailing Address 26 C/O Sharon Drew
Suite, Apt. #, etc. 22 2601 N.E. 1ST ST #6	Suite, Apt. #, etc. 27 2601 NE 1ST ST, #6
City & State 23 POMPANO BEACH, FL.	City & State 28 Pompano Beach, FL
Zip 24 33062	Country 25 BROWARD
Zip 29 33062	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SLOAN, JOE R 2801 NE FIRST ST CONDO UNIT #16 POMPANO BCH FL 33062	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME BUSFIELD, GORDON	
STREET ADDRESS 25035 WOODRIDGE TRIANGLE	
CITY-ST-ZIP FARMINGTON HILLS MI	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME BARNETT, LARRY	
STREET ADDRESS 6151 MIDDLE LAKE	
CITY-ST-ZIP CLARKSTON MI	
TITLE TD	<input type="checkbox"/> DELETE
NAME SLOAN, JOE R	
STREET ADDRESS 1809 CAMBRIDGE	
CITY-ST-ZIP BERKLEY MI 48072	
TITLE S	<input type="checkbox"/> DELETE
NAME SLOAN, ARLENE	
STREET ADDRESS 1809 CAMBRIDGE	
CITY-ST-ZIP BERKLEY MI 48072	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NORMAN TONER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PRESIDENT	
1.3 STREET ADDRESS 35150 HILLYER PLACE	
1.4 CITY-ST-ZIP FARMINGTON HILLS, MI 48018	
2.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME JOSEPH ALVES	
2.3 STREET ADDRESS 2601 N.E. FIRST ST #6	
2.4 CITY-ST-ZIP POMPANO BEACH, FL 33062	
3.1 TITLE FD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME SLOAN, Joe R	
3.3 STREET ADDRESS 1809 Cambridge	
3.4 CITY-ST-ZIP Berkley MI 48072	
4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME SLOAN, Arlene	
4.3 STREET ADDRESS 1809 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 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 in an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)