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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762865

1. Corporation Name
EAST END CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH ALVES 2601 N E 1ST STREET. #6 POMPANO BEACH FL 33062 US	C/O SHARON DREW 2601 N E 1ST STREET. #6 POMPANO BEACH FL 33062 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/13/1982	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 38-1945418	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SLOAN, JOE R
2601 NE FIRST ST
CONDO UNIT #16
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name: ALVES, Joseph
82 Street Address (P.O. Box Number is Not Acceptable): 2601 N.E. 1st. St. #6
83
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: JOSEPH ALVES V.P. Joseph Alves 1-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D	☐ DELETE	1.1 TITLE	D P	☐ Change ☐ Addition
NAME	TONER, NORMAN		1.2 NAME	TONER NORMAN D	
STREET ADDRESS	65150 MUER PLACE		1.3 STREET ADDRESS	65150 MUER PLACE	
CITY-ST-ZIP	FARMINGTON HILLS MI 48018		1.4 CITY-ST-ZIP	FARMINGTON HILLS MI 48018	
TITLE	VP D	☐ DELETE	2.1 TITLE	D VP	☐ Change ☐ Addition
NAME	ALVES, JOSEPH		2.2 NAME	JOSEPH ALVES D	
STREET ADDRESS	2601 N E FIRST ST, #6		2.3 STREET ADDRESS	2601 NE 1ST #C	
CITY-ST-ZIP	POMPANO BEACH FL 33062		2.4 CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	TD	☒ DELETE	3.1 TITLE	D TD	☒ Change ☐ Addition
NAME	SLOAN, JOE R		3.2 NAME	RYAN, Richard D	
STREET ADDRESS	1609 CAMBRIDGE		3.3 STREET ADDRESS	4175 RURAL ST.	
CITY-ST-ZIP	BERKLEY MI 48072		3.4 CITY-ST-ZIP	WATERFORD, MICH. 48329	
TITLE	S	☒ DELETE	4.1 TITLE	T S	☒ Change ☐ Addition
NAME	SLOAN, ARLENE		4.2 NAME	RYAN, SHARON T	
STREET ADDRESS	1609 CAMBRIDGE		4.3 STREET ADDRESS	4175 RURAL ST.	
CITY-ST-ZIP	BERKLEY MI 48072		4.4 CITY-ST-ZIP	WATERFORD, MICH. 48329	
TITLE	TD	☒ DELETE	5.1 TITLE	T TD	☒ Change ☐ Addition
NAME	SLOAN, JOE R		5.2 NAME	RYAN, Richard T	
STREET ADDRESS	1609 CAMBRIDGE		5.3 STREET ADDRESS	4175 RURAL ST.	
CITY-ST-ZIP	BERKLEY MI 48072		5.4 CITY-ST-ZIP	WATERFORD, MICH. 48329	
TITLE	S	☒ DELETE	6.1 TITLE	T S	☒ Change ☐ Addition
NAME	SLOAN, ARLENE		6.2 NAME	RYAN, SHARON T	
STREET ADDRESS	1609 CAMBRIDGE		6.3 STREET ADDRESS	4175 RURAL ST.	
CITY-ST-ZIP	BERKLEY MI 48072		6.4 CITY-ST-ZIP	WATERFORD, MICH. 48329	

CR2E037 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Alves SIGNATURE REQUIRED JOSEPH ALVES 1-22-99 954 783 5392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #