

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90140 037 ****61.25

DOCUMENT # 762865

1. Entity 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
 1651 NW 49 ST
 DEERFIELD BEACH FL 33064
 US

027814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

East End Condos

Teresa Rotunno

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2601 NE 1st Street

2601 NE 1st St. #3

City & State

City & State

Pompano Beach FL

Pompano Beach FL

Zip

Country

Zip

Country

33062

US

33062

US

4. FEI Number

38-1945418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVES, JOSEPH
 1651 NW 49 ST
 DEERFIELD BEACH FL 33064

Name *Teresa Rotunno*

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

2601 NE 1st St. #3

City *Pompano Beach*

FL

Zip Code

33062

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

2/20/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME TONER, NORMAN
 STREET ADDRESS 65150 MUER PLACE
 CITY-ST-ZIP FARMINGTON HILLS MI 48018

TITLE PD ☒ Change ☐ Addition
 NAME Joseph R. Sloan
 STREET ADDRESS 1609 Cambridge
 CITY-ST-ZIP Berkley, MI 48072

TITLE VPD ☐ Delete
 NAME ALVES, JOSEPH
 STREET ADDRESS 2601 N E FIRST ST, #6
 CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VPD ☒ Change ☐ Addition
 NAME Gordon Bastfield
 STREET ADDRESS 4602 Benstein
 CITY-ST-ZIP Commerce Twp., MI 48382

TITLE TD ☐ Delete
 NAME RYAN, RICHARD
 STREET ADDRESS 4175 RURAL STREET
 CITY-ST-ZIP WATERFORD MI 48329

TITLE TD ☒ Change ☐ Addition
 NAME Teresa E. Rotunno
 STREET ADDRESS 160 Academy St. Apt. 3M
 CITY-ST-ZIP Poughkeepsie, NY 12601

TITLE T ☐ Delete
 NAME RYAN, SHARON
 STREET ADDRESS 4175 RURAL STREET
 CITY-ST-ZIP WATERFORD MI 48329

TITLE S ☒ Change ☐ Addition
 NAME Marguerite A. Rotunno
 STREET ADDRESS Franklin Ave - P.O. Box 362
 CITY-ST-ZIP Millbrook, NY 12545

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

Date

845-454-5984

Daytime Phone #

CR2E037 (10/00)