

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90103 036 \*\*\*\*61.25

<b>DOCUMENT # 762865</b> 1. Entity Name <b>EAST END CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>EAST END CONDOS</b> <b>2601 N E 1ST STREET, #6</b> <b>POMPANO BEACH, FL 33062 US</b>			Mailing Address <b>TERESA ROTUNNO</b> <b>2601 NE 1ST ST. #3</b> <b>POMPANO BEACH, FL 33062 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07212005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>38-1945418</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROTUNNO, TERESA</b> <b>2601 NE 1ST STREET #3</b> <b>POMPANO BEACH, FL 33062</b>			7. Name and Address of New Registered Agent Name <b>Michelle Gibbons</b> Street Address (P.O. Box Number is Not Acceptable) <b>3322 SE 2nd Street</b> City <b>Pompano Beach FL</b> Zip Code <b>33062</b>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Michelle Gibbons</u> <b>Michelle Gibbons, Treasurer</b> <b>7-20-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOAN, JOSEPH R 1609 CAMBRIDGE BERKLEY, MI 48072	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARJORIE WEST 2601 NE 1st Street #15 Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUSFIELD, GORDON 4602 BENSTEIN COMMERCE TOWNSHIP, MI 48382	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Peter Tomassetti 2601 NE 1st Street #14 Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTUNNO, TERESA 160 ACADEMY ST APT 3M POUGHKEEPSIE, NY 12601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Michelle Gibbons 3322 SE 2nd Street Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTUNNO, MARGUERITE A FRANKLIN AVE-P.O. BOX 362 MILLBROOK, NY 12545	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Timothy Gibbons 3322 SE 2nd Street Pompano Beach, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Michelle Gibbons</u> <b>Michelle Gibbons, T</b> <b>7-20-05</b> <b>786-3144</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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