

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002874

FILED
Apr 25, 2005
Secretary of State

Entity Name: EASTSIDE AT AVENTURA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10557 N.W. 53 STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10557 N.W. 53 STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BOULEVARD, SUITE 505
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: EDELMAN, LEONARD
Address: 10557 N.W. 53 STREET
City-St-Zip: SUNRISE, FL 33351

Title: VTD () Delete
Name: SCHEINHOLZ, ARTHUR
Address: 10557 N.W. 53 STREET
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: PORT, BRIAN E
Address: 20801 BISCAYNE BLVD, SUITE 505
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD EDELMAN

DPS

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date