

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2006  
Secretary of State**

DOCUMENT# N03000002874

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 Chapter 119, 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

04/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date