

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90001 024 \*\*\*\*61.25

**60044527**



01092008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N03000002874</b> 1. Entity Name <b>EASTSIDE AT AVENTURA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3000 NE 188 STREET AVENTURA, FL 33180</b>			Mailing Address <b>C/O DCI 2035 HARDING STREET, SUITE 200 HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>C/O Assoc. Sucs of FL 10112 USA Today Way MIRAMAR, FL 33025 BROWARD</b>			
City & State Zip		City & State Zip		4. FEI Number <b>20-8474778</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MEYROWITZ, ANDREW 2035 HARDING STREET, SUITE 200 HOLLYWOOD, FL 33020</b>				7. Name and Address of New Registered Agent Name <b>BARBARA HERNDON</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O Assoc. Sucs of FL 10112 USA Today Way MIRAMAR, FL 33025</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 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS EEDLMAN, LEONARD 10557 N.W. 53 STREET SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHEINHOLZ, ARTHUR 10557 N.W. 53 STREET SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORT, BRIAN E 18901 NE 29TH AVENUE SUITE 100 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>4/25/08</b> Daytime Phone #					