

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90229 036 \*\*\*\*61.25

<b>DOCUMENT # N40976</b>	
1. Entity Name EASTERN SHORES PROPERTY OWNERS ASSOCIATION, INC.	
Principal Place of Business 1911 NE 172ND ST. N. MIAMI BEACH, FL 33162	Mailing Address C/O M. EINBINDER 520 NW 165 ST. RD., STE. 102 MIAMI, FL 33169



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0227474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

KEYS, NEAL  
1911 NE 172ND ST.  
N. MIAMI BEACH, FL 33162

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SUAYA, SAMANTHA L
STREET ADDRESS	16570 NE. 35TH AVENUE
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	DT
NAME	KEYS, NEAL
STREET ADDRESS	1911 NE 172ND ST.
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	DP
NAME	ASARNOW, CHARLES
STREET ADDRESS	16449 NE 31 AVENUE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	D
NAME	JACK BERMAN
STREET ADDRESS	3351 NE 164 ST
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** Jack Berman 4/28/04 305-990-2225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #