## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90311 008 \*\*\*\*61.25

50043943

Principal Place of Business 1911 NE 172ND ST.

ASSOCIATION, INC.

DOCUMENT # N40976

1. Entity Name EASTERN SHORES PROPERTY OWNERS

Mailing Address C/O M. EINBINDER 520 NW 165 ST. RD., STE. 102 MIAMI FL 33169

N. MIAMI BEACH, FL 33162 520 NW 165 ST. RD., STE. 102 MIAMI, FL 33169							 			Polon chom end	
2. Principal Place of Business			3. Mailir	3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			04042005 Chg	J-NP (	CR2E03	7 (10/03)	
City & State			City	City & State			4. FEI Number Applied For 65-0227474 Not Applied be				
Zip	-	Country	Zip		Country		5. Certificate of State	us Desired		\$8.75 Add	itional
6. Name and Address of Current Registered Agent							.7. Name and Addre	ss of New Rogi	stered A	gent	
KEYS, NE. 1911 NE. 1 N. MIAMI F	72ND ST.	33162			Name Street A	ddress (F	P.O. Box Number is No	ot Acceptable)			
N. MIAMI BEACH, FL 33162					City				FL	Zip Code	3
	named entity s lons of register	submits this statement for ed agent.	r the purpo	se of changing its re	egistered office o	r register	ed agent, or both, in th	e State of Florid	a. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or	printed name of registered agent a	and title if appli	cable. (NOTE:	Registered Agent signal	ure required	when reinstating)		DATE	***	<u> </u>
Filing Fee is \$61.25 9. Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees  Make check payable to Fiorida Department of State				
10.		OFFICERS AND DIF	RECTORS	11.			ADDITIONS/CHANGES	TO OFFICERS	AND DIR	ECTORS IN	10
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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:

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04-20-05

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Date

Daytime Phone #