

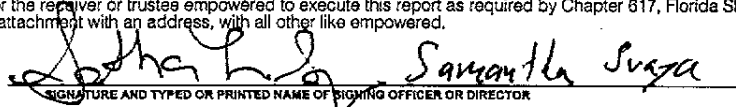


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N40976 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	
DO NOT WRITE IN THIS SPACE			
			
		04242006 No Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0227474		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEYS, NEAL 1911 NE 172ND ST. N. MIAMI BEACH, FL 33162		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAYA, SAMANTHA L 16570 NE. 35TH AVENUE N. MIAMI BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEYS, NEAL 1911 NE 172ND ST. N. MIAMI BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ASARNOW, CHARLES 16449 NE 31 AVENUE NORTH MIAMI BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, JACK 3351 NE 164 STREET NORTH MIAMI BEACH, FL 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
SIGNATURE:  Samantha Suaya		Date 4/24/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	