

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 A**  
**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**



04172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0227474**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
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 BERMAN, JACK  
STREET ADDRESS 3351 NE 164 STREET  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000739053  
05/14/07-80008-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Samantha L. Suaya* 4/21/07