

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005801

FILED
Jan 05, 2005
Secretary of State

Entity Name: EAST VISTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ACTION GENERAL SERVICES, CORP.
4445 W. 16TH AVE., #308
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 52-6202
MIAMI, FL 33152

New Mailing Address:

FEI Number: 65-0713779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCO-GARCIA, MICHELLE
4445 W. 18 AVENUE, SUITE 308
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARBALLO, RAUL
Address: 650 S.E. 9TH COURT, #205
City-St-Zip: HIALEAH, FL 33010

Title: VD () Delete
Name: MARICHAL, RUBEN
Address: 700 SE 9TH CT., UNIT 105
City-St-Zip: HIALEAH, FL 33010

Title: S () Delete
Name: FRANCO-GARCIA, MICHELLE
Address: 700 SE 9TH CT., UNIT 205
City-St-Zip: HIALEAH, FL 33010

Title: T () Delete
Name: JONES, SHARON
Address: 700 SE 9TH CT., UNIT 204
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ADOLFO, OSORIO
Address: 600 SE 9 CT UNIT 101
City-St-Zip: HIALEAH, FL 33010

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL J CARBALLO

PD

01/05/2005

Electronic Signature of Signing Officer or Director

Date