

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005801

FILED
Jan 18, 2009
Secretary of State

Entity Name: EAST VISTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ACTION GENERAL SERVICES, CORP.
650 SE 9 CT UNIT 205
HIALEAH, FL 33010

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 (X)

Name and Address of Current Registered Agent:

FRANCO-GARCIA, MICHELLE
650 SE 9 CT UNIT 205
HIALEAH, FL 33010 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 J
Address: 650 S.E. 9TH COURT, #205
City-St-Zip: HIALEAH, FL 33010

Title: VD () Delete
Name: FRANCO-GARCIA, MICHELLE
Address: 700 SE 9 CT UNIT 205
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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

01/18/2009

Electronic Signature of Signing Officer or Director

_____ Date