

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90003 040 ***558.75

DOCUMENT # P99000010776

1. Entity Name
EASTWIND APARTMENTS DEVELOPMENT CORP.



Principal Place of Business

300-71-ST
STE 310
N MIAMI BCH, FL 33141

Mailing Address

300-71-ST
STE 310
N MIAMI BCH, FL 33141

2. Principal Place of Business

874 N.E. 80 Street

Suite, Apt. #, etc.

3. Mailing Address

874 N.E. 80 Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip
33138

Country
USA

Zip
33138

Country
USA

05132004 Chg-P CR2E034 (10/03)



4. FEI Number

65-0913486

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, JOSEPH N
300 71 ST
STE 301
MIAMI BCH, FL 33141

7. Name and Address of New Registered Agent

Name
Ivy M. Walters

Street Address (P.O. Box Number is Not Acceptable)
874 N.E. 80 Street

City
Miami

FL

Zip Code
33138

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 Ivy M Walters

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

(NOTE: Registered Agent signature required when reinstating)

5/20/04
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
WALTERS, JOSEPH
300 71 ST STE 301
MIAMI BCH, FL 33141 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Ivy M. Walters
874 N.E. 80 Street
Miami, FL 33138 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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

Ivy M Walters

Ivy M. Walters 5/20/04 (305) 757-8934

Date Daytime Phone #