

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40976

Entity Name: EASTERN SHORES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**16422 NE 34 AVENUE
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**C/O BRUCE KUSENS
16422 NE 34 AVENUE
NORTH MIAMI BEACH, FL 33160 US**FEI Number:** 65-0227474**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KUSENS, BRUCE
16422 NE 34 AVENUE
NORTH MIAMI BEACH, FL 33160 US*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:** BRUCE KUSENS

01/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name ROSKIN, STACY MD
Address 3225 NE 167 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title DIRECTOR
Name DEAN , WILLAIM ESQ.
Address 3225 NE 167 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title DIRECTOR
Name SMUKLER, SAUL
Address 3207 NE 168 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title DIRECTOR
Name ISICOFF, ERIC ESQ.
Address 3206 NE 168 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title TREASURER, DIRECTOR
Name KUSENS, BRUCE
Address 16422 NE 34 AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title VP, DIRECTOR
Name TEMPLER, DAVID ESQ.
Address 3260 NE 164 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title SECRETARY, DIRECTOR
Name LAMBERTO, BRUCE
Address 3420 NE 165 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title DIRECTOR
Name STAMATIS, ALICIA
Address 3200 NE 165 STREET
City-State-Zip: NORTH MIAMI BEACH FL 33160

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I hereby 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 all other like empowered.

SIGNATURE: BRUCE KUSENS**TREASURER**

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HON, OREN
Address	3423 NE 166 STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33160