

FILE NOW: FILING FEE IS \$61.20

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743502 (7)
1. Corporation Name
EASTPOINTE COUNTRY CLUB, INC.



Principal Place of Business: **13535 EASTPOINTE BLVD. PALM BEACH GARDENS FL 33418**
Mailing Address: **13535 EASTPOINTE BLVD. PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified: **07/07/1978** 3a. Date of Last Report: **06/26/1995**
4. FEI Number: **59-1839098** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
REGINE, LOU
13535 EASTPOINTE BLVD
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Lou Regine, President* (Lou Regine - President) 4-5-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REGINE, LOU	
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRILL, E D	
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ZELNICK, MARILYN	
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PAL BEACH GARDENS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANDERS, DONALD	
STREET ADDRESS	13535 EASTPOINTED BLVED	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DANZIGER, ALLAN	
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Sherman Etra	
3. STREET ADDRESS	13535 Eastpointe Blvd.	
4. CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lou Regine, President* 4-5-96 407-626-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)