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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 743502 (7)

1. Corporation Name
EASTPOINTE COUNTRY CLUB, INC.



Principal Place of Business Mailing Address
13535 EASTPOINTE BLVD. 13535 EASTPOINTE BLVD.
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-1414

3. Date Incorporated or Qualified 07/07/1978
3a. Date of Last Report 04/17/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt #, etc. Suite, Apt. #, etc.

22 27
City & State City & State

23 28
City & State City & State

24 25 29 30
Zip Country Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REGINE, LOU
13535 EASTPOINTE BLVD
PALM BEACH GARDENS FL 33418

81 Name Ed BAILL
82 Street Address (P.O. Box Number is Not Acceptable) 13214 SAND GROUSE COURT
83
84 City PALM BEACH GARDENS FL 85 Zip Code 33418

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 [Signature] PRES 2/14/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME REGINE, LOU
STREET ADDRESS 13535 EASTPOINTE BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL

1.1 TITLE PD Ed BAILL
1.2 NAME Ed BAILL
1.3 STREET ADDRESS 13535 EASTPOINTE BLVD
1.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VPD
NAME BRILL, E D
STREET ADDRESS 13535 EASTPOINTE BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL

2.1 TITLE VPD RICHARD ANTONOFF
2.2 NAME RICHARD ANTONOFF
2.3 STREET ADDRESS 13535 EASTPOINTE BLVD
2.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE SD
NAME SHERMAN, ETRA
STREET ADDRESS 13535 EASTPOINTE BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL

3.1 TITLE VPD SHERMAN ETRA
3.2 NAME SHERMAN ETRA
3.3 STREET ADDRESS 13535 EASTPOINTE BLVD
3.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE TO
NAME SANDERS, DONALD
STREET ADDRESS 13535 EASTPOINTED BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL

4.1 TITLE SD SY SILBERBERG
4.2 NAME SY SILBERBERG
4.3 STREET ADDRESS 13535 EASTPOINTE BLVD
4.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VPD
NAME DANZIGER, ALLAN
STREET ADDRESS 13535 EASTPOINTE BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL

5.1 TITLE TD DONALD SANDERS
5.2 NAME DONALD SANDERS
5.3 STREET ADDRESS 13535 EASTPOINTE BLVD
5.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: [Signature] PRES 2/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041478

CR2E037 (9/96)