


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90069 027 \*\*\*\*61.25

0042700

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # 743502**  
 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
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/07/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1839098
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KUSS, DONALD 13861 SAND CRANE DRIVE PALM BEACH GARDENS FL 33418				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSS, DONALD	1.2 NAME	
STREET ADDRESS	13535 EASTPOINTE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	
TITLE	FVPD <input type="checkbox"/> DELETE	2.1 TITLE	FVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, STEVEN	2.2 NAME	BOB GERSON
STREET ADDRESS	13535 EASTPOINTE BLVD	2.3 STREET ADDRESS	13535 EASTPOINTE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	PBG FL 33418
TITLE	SVPD <input type="checkbox"/> DELETE	3.1 TITLE	SVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMBURG, ELAINE	3.2 NAME	GLADYS JACOBSON
STREET ADDRESS	13535 EASTPOINTE BLVD	3.3 STREET ADDRESS	13535 EASTPOINTE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP	PBG FL 33418
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, STUART	4.2 NAME	STEVE KRAUS
STREET ADDRESS	13535 EASTPOINTE BLVD	4.3 STREET ADDRESS	13535 EASTPOINTE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	4.4 CITY-ST-ZIP	PBG FL 33418
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ELAINE HAMBURG
STREET ADDRESS		5.3 STREET ADDRESS	13535 EASTPOINTE BLVD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PBG FL 33418
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Robert Gerson* 3/25/99 561-626-6860  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)