


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90036 050 ****70.00

DOCUMENT # 743502
 1. Entity Name
EASTPOINTE COUNTRY CLUB, INC.



54006651 *1500*

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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02062004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
SQUIRE, TRENT
13535 EAST POINTE BLVD
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN, HOWARD	
STREET ADDRESS	13535 EASTPOINTE BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHOLOSSBERG, BERNARD	
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CALIBEO, JOSEPH	
STREET ADDRESS	6172 CELADON CIR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	LASSMAN, IRA	
STREET ADDRESS	6339 WOODTHRUSH CT	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'BREIN, CLAIRE	
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIBEO, JOSEPH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, CLAIRE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTASH, MONROE	
STREET ADDRESS	13315 SAFFRON CIRCLE	
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HECKLER, HARVEY	
STREET ADDRESS	13126 TOUCHSTONE PL	
CITY-ST-ZIP	WEST PALM BCH, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Monroe Potash* *2/10/04* (561) 626-6860
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #