FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:56

DOCUMENT # **765809** **(9)**

1. Corporation Name
EASTPOINTE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13560 EASTPOINTE BLVD PALM BCH GDS FL 33418 US	13560 EASTPOINTE BLVD PALM BCH GDS FL 33418 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1982
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2353554 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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

ST JOHN, KING & DICKER
ST. JOHN & KING, P.A.
SUITE 600, 500 AUSTRALIAN AVENUE SOUTH
WEST PLAM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MESSINA, GIACOMO M.D.	12 NAME		
STREET ADDRESS	6443 EASTPOINTE PINES ST	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDS FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	VD	☒ Change ☐ Addition
NAME	HOROWITZ, JOSEPH	22 NAME		
STREET ADDRESS	6249 WOODCUTTER CT	23 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDNS FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	DINE, LESTER	32 NAME		
STREET ADDRESS	13822 WHISPERING LAKES LANE	33 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDS FL	34 CITY-ST-ZIP		
TITLE	STD	41 TITLE	D	☒ Change ☐ Addition
NAME	GITLITZ, ALVIN	42 NAME	Alan Penn	
STREET ADDRESS	13670 WHISPERING LAKES LANE	43 STREET ADDRESS	13727 Whispering Lakes Lane	
CITY-ST-ZIP	PALM BCH GDS FL	44 CITY-ST-ZIP	Palm Beach GDS. FL.	
TITLE	VD	51 TITLE	STD	☒ Change ☐ Addition
NAME	STROYMAN, SUMNER	52 NAME		
STREET ADDRESS	13724 SAND CRANE DR	53 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDS FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	DANIS, JOSEPH	62 NAME		
STREET ADDRESS	13872 GREENSVIEW DR	63 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDS FL	64 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)(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: Giacomo H. Messina M.D. 3-31-95 CR2-4816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #