

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765809 (9)
1. Corporation Name
EASTPOINTE PROPERTY OWNERS ASSOCIATION, INC.



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

Mailing Address
**13560 EASTPOINTE BLVD
PALM BCH GDS FL 33418
US**

3. Date Incorporated or Qualified
11/19/1982

3a. Date of Last Report
04/05/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2353554		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					
25		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 City	
84 State	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature to print when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VD	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOROWITZ, JOSEPH	22 NAME	
STREET ADDRESS	6249 WOODCUTTER CT	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENN, ALAN	42 NAME	
STREET ADDRESS	137 WHISPERING LAKES LANE	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDNES FL	44 CITY-ST-ZIP	
TITLE	STD	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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, changed, or on an attachment with an address.

SIGNATURE:

Giacomo A. Messina M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-9 622-4816

Date

Daytime Phone #

CR2E037 (12/95)