

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90113 026 \*\*\*\*61.25

**DOCUMENT # 765809**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/19/1982

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

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 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 required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD  
DANZIGER, ALLAN  
13253 SAND GROUSE CT  
PALM BEACH GARDENS FL 33418

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
LIPKIN, MURRAY  
6463 BRANDON ST  
PALM BEACH GARDENS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD  
FISHMANN, MARVIN  
13720 CROSSPOINTE DR  
PALM BEACH GARDENS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
PENN, ALAN  
137 WHISPERING LAKES LANE  
PALM BEACH GARDENS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
RUBIN, IRVIN  
13856 SAN D CRANE DR  
PALM BEACH GARDENS FL 33418

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
ANDERSEN, CLAIR  
13295 WHISPERING LAKES LN  
PALM BCH GDS FL 33418

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

561-622-4816  
(561) 626-6610

Daytime Phone #

0042719

CR2E037 (11/98)