

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765809

FILED
Feb 06, 2007
Secretary of State

Entity Name: EASTPOINTE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13560 EASTPOINTE BLVD
PALM BCH GDS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

13560 EASTPOINTE BLVD
PALM BCH GDS, FL 33418 US

New Mailing Address:

FEI Number: 59-2353554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE SO., STE 400
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: JACOBSON, GLADYS
Address: 6283 BRANDON ST.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: RUBIN, JANET
Address: 13856 SAND CRANE DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: P () Delete
Name: MYERS, SHELDON
Address: 13241 SAND GROUSE CT.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD () Delete
Name: WECHSLER, GEORGE
Address: 13876 GREENSVIEW DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: SPIESS, JOSEPH J
Address: 6615 EASTPOINTE PINES STREET
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: STONE, PAT
Address: 13384 WHISPERING LAKES LN
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ALEXANDER, AILEEN
Address: 13836 WHISPERING LAKES LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELDON MYERS

P

02/06/2007

Electronic Signature of Signing Officer or Director

Date