

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # 765906 (3)**  
1. Corporation Name  
**EASTPOINTE COUNTRY CLUB CHARITY FUND, INC.**



Principal Place of Business: 13535 EASTPOINTE BLVD. PALM BEACH GARDENS FL 33418-1414  
Mailing Address: 13535 EASTPOINTE BLVD. PALM BEACH GARDENS FL 33418-1414

3. Date Incorporated or Qualified: 11/30/1982  
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2252755		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		30	
Zip		Country		25		29	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**NASTRI, FRANK**  
13535 EASTPOINTE BLVD  
PALM BEACH GARDENS FL 33418

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD NASTRI, FRANK 13535 EASTPOINTE BLVD PALM BCH GARDENS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	PD TARLOW, RICHARD 6253 CELADON COURT PALM BCH FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PD BURTON KATZ
STREET ADDRESS		2.3 STREET ADDRESS	6572 EASTPOINTE PINES ST.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	PALM BCH. GARDENS, FL. 33418
TITLE	TD MEYER, WILLIAM 13284 SAFFRON CIRCLE PALM BCH GARDENS FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TD BARBARA GRIMPEL
STREET ADDRESS		3.3 STREET ADDRESS	6250 WOODCUTTER CT.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	PALM BCH. GARDENS, FL. 33418
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	AT HOWARD GOLDSTEIN
STREET ADDRESS		4.3 STREET ADDRESS	13686 WHISPERING LAKES LA.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	PALM BCH. GARDENS, FL. 33418
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 if changed, or on an attachment with an address.

**SIGNATURE:** *Frank Nastro - SEC. FRANK NASTRI* 1/26/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)