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**FILED**

**Feb 07 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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 Mailing Address  
**13535 EASTPOINTE BLVD.  
PALM BEACH GARDENS FL 33418-1414**

3. Date Incorporated or Qualified **11/30/1982** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business 2b. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2252755** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 **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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>NASTRI, FRANK</b>
STREET ADDRESS	<b>13535 EASTPOINTE BLVD</b>
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>KATZ, BURTON</b>
STREET ADDRESS	<b>6572 EASTPOINTE PINES STREET</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>GRIMPEL, BARBARA</b>
STREET ADDRESS	<b>6250 WOODCUTTER CT</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<b>AT</b> <input type="checkbox"/> DELETE
NAME	<b>GOLDSTEIN, HOWARD</b>
STREET ADDRESS	<b>13686 WHISPERING LAKES LA</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

**SIGNATURE:** *[Signature]* **REQUIRED PRES.** **2/3/97**

CR2E037 (9/96)