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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date incorporated or Qualified 11/30/1982	
4. FEI Number 59-2252755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

NASTRI, FRANK
13535 EASTPOINTE BLVD
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name Brian Reich	
82 Street Address (P.O. Box Number is Not Acceptable) 13535 Eastpointe Blvd.	
83	
84 City Palm Beach Gardens	85 Zip Code FL 33418

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 Brian Reich, V.P. DATE 1/12/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Clarence Kay
1.3 STREET ADDRESS	6205 Celadon Cir.
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
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	Ex. V.P. D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	V.P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Brian Reich
5.3 STREET ADDRESS	13535 Eastpointe Blvd.
5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
6.1 TITLE	A.T.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Suzanne Kraus
6.3 STREET ADDRESS	13397 Garth Court
6.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418

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.

SIGNATURE: *Brian Reich* SIGNATURE REQUIRED 1/12/98

CR2E037 (10/97)