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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90117 010 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765906**

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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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/30/1982</b>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2252755</b>
23. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
24. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
30. Country		

9. Name and Address of Current Registered Agent

**REICH, BRIAN**  
**13535 EASTPOINTE BLVD**  
**PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name **Roger Reese**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**13535 Eastpointe Blvd.**  
 83  
 84 City **Palm Beach Gardens** **FL** 85 Zip Code **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 Roger Reese DATE 1/14/99

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 type="checkbox"/> DELETE
NAME	KAY, CLARENCE	
STREET ADDRESS	6205 CELADON CIR	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	EVPD	<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	TD	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, HOWARD	
STREET ADDRESS	13686 WHISPERING LAKES LA	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	REICH, BRIAN	
STREET ADDRESS	13535 EASTPOINTE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	KRAUS, SUZANNE	
STREET ADDRESS	13397 GARTH COURT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	CCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33418
3.1 TITLE	CCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33418
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	13257 Bonnette Dr.
4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
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 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]* DATE: 1/14/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037\_ (11/98)