


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90042 006 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N00511</b>					
1. Corporation Name <b>THE ESTATES PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 2994 JOG ROAD B GREENACRES FL 33467 US			Mailing Address 2994 JOG ROAD B GREENACRES FL 33467 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2376493	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>GERRISH, SCOTT C/O CMC MANAGEMENT INC 2994 JOG ROAD, ST B GREENACRES FL 33437</b>				10. Name and Address of New Registered Agent	
				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	VD	1.1 TITLE	P
NAME	RUSSELL DEVICK	1.2 NAME	
STREET ADDRESS	11640 BLACKWOODS LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	MD
NAME	WAYNE RICHARDS	2.2 NAME	
STREET ADDRESS	6832 HATTERAS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	MD
NAME	CASSELLA, AUGUST	3.2 NAME	
STREET ADDRESS	8611 GULLANE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	S
NAME	E. LLOYD ECCLESTONE, III	4.2 NAME	JOHN WEINGARTEN
STREET ADDRESS	357 HYATT DR	4.3 STREET ADDRESS	11870 STONEHAVEN WAY
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	S	5.1 TITLE	T
NAME	FORMICA, JOSEPH D	5.2 NAME	JOSEPH MEDEIROS
STREET ADDRESS	8690 MARLAMOR LANE	5.3 STREET ADDRESS	11859 SANBOURN CT
CITY-ST-ZIP	WEST PALM BEACH FL 33432	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	X	6.1 TITLE	
NAME	HIRSCH, CAROL	6.2 NAME	
STREET ADDRESS	11559 BUCKHAVEN LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99 (561) 626-1849

CR2E037 (11/98)