


FILE NOW: FILING FEE IS \$61.25

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

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

0046274

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

**DOCUMENT # N00511**  
 1. Corporation Name  
**THE ESTATES PROPERTY OWNERS ASSOCIATION, INC.**

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 Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GERRISH, SCOTT C/O CMC MANAGEMENT INC 2994 JOG ROAD, ST B GREENACRES FL 33437		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	2.1 TITLE	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORMICA, JOSEPH D	5.2 NAME	JOSEPH MEDEIROS
STREET ADDRESS	8690 MARLAMOOD LANE	5.3 STREET ADDRESS	11859 SAN BOURN CT
CITY-ST-ZIP	WEST PALM BEACH FL 33432	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	X <input type="checkbox"/> DELETE	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: 1-8-99 Daytime Phone #: (561) 626-1849

CR2E037 (1/98)