


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 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 # 758621 (7)
 1. Corporation Name
THE GOLF AND RACQUET CLUB AT EASTPOINTE, INC.

Principal Place of Business 13462 CROSSPOINTE DRIVE PALM BEACH GARDENS FL 33418	Mailing Address 13462 CROSSPOINTE DRIVE PALM BEACH GARDENS FL 33418
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3. Date Incorporated or Qualified 06/03/1981
4. FEI Number 59-2099742
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ST. JOHN KING & DICKER 500 AUSTRALIAN AVENUE SOUTH CLEARLAKE PLAZA, SUITE 600 WEST PALM BEACH 33401	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 FL
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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 duties and responsibilities of a registered agent under Chapter 617, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
PD	REIBEN, BERNAR 6703 S PINE CT PALM BEACH GARDENS FL		
TD	ZIEL, HARVEY 13278 TOUCHSTONE PL PALM BEACH GARDENS FL	2.1 TITLE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
SD	BARRY, JUDY 6938 T JOHNSTONE CIR PALM BEACH GARDENS FL	3.1 TITLE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
VPD	DECKER, DR. BARRY 13880 CROSS POINTE DR PALM BEACH GARDENS FL	4.1 TITLE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
VPD	PAUL V. SALTER 12890 OAK KNOLL DRIVE PALM BEACH GARDENS, FL 33418	5.1 TITLE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TD	MURRY ABRAMOWITZ 13502 TOUCHSTONE PL PALM BEACH GARDENS FL	6.1 TITLE	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.

SIGNATURE: *[Signature]* REQUIRED

CP25037 (10/97)