

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743502

**Entity Name:** EASTPOINTE COUNTRY CLUB, INC.

**Current Principal Place of Business:**

13535 EASTPOINTE BLVD.  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

13535 EASTPOINTE BLVD.  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 59-1839098

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAVRANN, RICHARD  
13535 EAST POINTE BLVD  
PALM BEACH GARDENS, FL 33418 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title T  
Name HOSTA, RON  
Address 13535 EASTPOINTE BLVD.  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title 1VP  
Name EFFERT, JERRY  
Address 13535 EASTPOINTE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRES  
Name SRIBERG, ROBERT  
Address 13535 EASTPOINTE BLVD.  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title 2VP  
Name LASSMAN, LAURA  
Address 13535 EASTPOINTE BLVD.  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title S  
Name BASS, SIG  
Address 13535 EASTPOINTE BLVD  
City-State-Zip: PALM BCH GARDENS FL 33418

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT SRIBERG

**PRESIDENT**

**01/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date