2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765809

Entity Name: EASTPOINTE PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 01, 2015
Secretary of State
CC5260853696

Current Principal Place of Business:

C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486

Current Mailing Address:

C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US

FEI Number: 59-2353554 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARROLL, KEVIN M C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 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: KEVIN CARROLL 04/01/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name SLUTSKY, MIKE Name BENDER, RONNIE

Address 13827 WHISPERING LAKES LANE Address 6265 BRANDON STREET

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR Title DIRECTOR

Name SPIESS, JJ Name MYERS, SHELDON

Address 6615 EASTPOINTE PINES STREET Address 13241 SAND GROUSE CT

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP Title DIRECTOR

Name SPERBER, SUSAN Name BERGER, IRA

Address 6215 FINSBURY COURT Address 13872 GREENSVIEW DRIVE

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Title DIRECTOR Title TREASURER

Name ROGERS, PAUL Name ALEXANDRIS, THOMAS

Address 13916 EASTPOINTE WAY Address 13916 GREENSVIEW DRIVE

City-State-Zip: PALM BEACH GARDENS FL 33418 City-State-Zip: PALM BEACH GARDENS FL 33418

Continues on page 2

SIGNATURE: MIKE SLUTSKY PRESIDENT 04/01/2015

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.

Officer/Director Detail Continued:

Title DIRECTOR

Name GREAN, MICHAEL

Address 13855 WHISPERING LAKES LANE
City-State-Zip: PALM BEACH GARDENS FL 33418