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Feb 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726270** (2)
1. Corporation Name
EASTPOINTE CONDOMINIUM 1 ASSOCIATION, INC.



Principal Place of Business Mailing Address
5380 NORTH OCEAN DRIVE **5380 NORTH OCEAN DRIVE**
RIVIERA BEACH FL 33404 **RIVIERA BEACH FL 33404-2515**

3. Date Incorporated or Qualified **04/27/1973** 3a. Date of Last Report **03/06/1996**
4. FEI Number **59-1559585** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOYCE O'NEILL
EASTPOINT CONDO I. ASSOCIATION
5380 NORTH OCEAN DRIVE
RIVIERA BEACH FL 33404

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **D ALEXANDER, ALBERT**
STREET ADDRESS **5380 NORTH OCEAN DRIVE**
CITY-ST-ZIP **RIVIERA BEACH FL**
TITLE ☒ DELETE
NAME **VD DESANTIS, NANCY**
STREET ADDRESS **5380 N OCEAN DR**
CITY-ST-ZIP **RIVIERA BCH, FL 00000**
TITLE ☐ DELETE
NAME **PD FABER, EDWARD**
STREET ADDRESS **5380 N OCEAN DR**
CITY-ST-ZIP **RIVIERA BCH, FL 33404**
TITLE ☐ DELETE
NAME **TD GANGL, MARTIN**
STREET ADDRESS **5380 N OCEAN DR**
CITY-ST-ZIP **RIVIERA BCH, FL 00000**
TITLE ☐ DELETE
NAME **SD BOUKYDIS, OLIVE**
STREET ADDRESS **5380 N OCEAN DR**
CITY-ST-ZIP **RIVIERA BCH, FL 00000**
TITLE ☐ DELETE
NAME **D SALAFIA, JOSEPH**
STREET ADDRESS **5380 NORTH OCEAN DRIVE**
CITY-ST-ZIP **RIVIERA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **V/D Stahl/Benita**
2.3 STREET ADDRESS **5380 N. Ocean Drive**
2.4 CITY-ST-ZIP **Riviera Beach, FL 33404**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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]* **Feb 12, 1997** (541) 842-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040071

CR2E037 (9/96)