

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726270

FILED
Apr 08, 2009
Secretary of State

Entity Name: EASTPOINTE CONDOMINIUM 1 ASSOCIATION, INC.

Current Principal Place of Business:

5380 NORTH OCEAN DRIVE
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

5380 NORTH OCEAN DRIVE
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 59-1559585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALEXANDER, ALBERT
Address: 5380 NORTH OCEAN DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: VP () Delete
Name: KURITZ, JOHN
Address: 5380 NO OCEAN DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: S () Delete
Name: MARTIN, STEPHAN
Address: 5380 N OCEAN DR
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: DRIER, HARRY
Address: 5380 N OCEAN DR
City-St-Zip: RIVIERA BEACH, FL 33404

Title: P () Delete
Name: NARDULLI, ETTORRE
Address: 5380 N OCEAN DR
City-St-Zip: RIVIERA BEACH, FL 33404

Title: T () Delete
Name: EWING, RICHARD
Address: 5380 NORTH OCEAN DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KURUCZ, JOHN
Address: 5380 NO OCEAN DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

Title: S (X) Change () Addition
Name: BORDIERI, PAUL
Address: 5380 N OCEAN DR
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D (X) Change () Addition
Name: GLENN, DON
Address: 5380 N OCEAN DR
City-St-Zip: RIVIERA BEACH, FL 33404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL BORDIERI

S

04/08/2009

Electronic Signature of Signing Officer or Director

Date