

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735970

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** EASTPOINTE HOME OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6880 PALM GROVE CT  
PALM BEACH, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

6880 PALM GROVE CT  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 59-2263741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECKER&POLIAKOFF PA  
500 AUSTRALIAN AVE SO 9TH FLOOR  
WEST PALM BEACH,, FL 33401 US

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

DARLENE HARBAR, PROPTY MGR  
6880 PALM GROVE COURT  
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: DARLENE HARBAR

01/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MANELOVEG, HERBERT  
Address: 6486 BRANDON STREET  
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: VP ( ) Delete  
Name: VOLLINS, EDWARD  
Address: 12878 TOUCHSTONE PLACE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T ( ) Delete  
Name: MILLER, RALPH  
Address: 13322 TOUCHSTONE PLACE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S ( ) Delete  
Name: WINTERS, VALERIE  
Address: 13872 GREENSVIEW DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: ADELSTEIN, RONALD  
Address: 12860 OAK KNOLL DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: HERBERT MANELOVEG

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date