

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **758621** (7)  
1. Corporation Name  
**THE GOLF AND RACQUET CLUB AT EASTPOINTE, INC.**



Principal Place of Business: 13462 CROSSPOINTE DRIVE, PALM BEACH GARDENS FL 33418  
Mailing Address: 13462 CROSSPOINTE DRIVE, PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 06/03/1981  
3a. Date of Last Report: 02/09/1995  
4. FEI Number: 59-2099742  
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 (21-24)  
2a. Mailing Address (25-28)  
City & State (22, 23)  
Zip (24, 25)  
Country (29, 30)

9. Name and Address of Current Registered Agent  
**ST. JOHN KING & DICKER  
500 AUSTRALIAN AVENUE SOUTH  
CLEARLAKE PLAZA, SUITE 600  
WEST PALM BEACH 33401**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 officer 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MARKOWITZ, IRVING 13403 TOUCHSTONE PLACE A204 PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOWITZ, IRVING		12 NAME
STREET ADDRESS	13403 TOUCHSTONE PLACE A204		13 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL		14 CITY-ST-ZIP
TITLE	VD WOLF, RUTH 6985 TOUCHSTONE CIR PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, RUTH		22 NAME
STREET ADDRESS	6985 TOUCHSTONE CIR		23 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL		24 CITY-ST-ZIP
TITLE	TD WEITZMAN, CHARLES 12926 TOUCHSTONE PLACE PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZMAN, CHARLES		32 NAME
STREET ADDRESS	12926 TOUCHSTONE PLACE		33 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL		34 CITY-ST-ZIP
TITLE	SD WOLF, RUTH H 6985 TOUCHSTONE CIRCLE PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, RUTH H		42 NAME
STREET ADDRESS	6985 TOUCHSTONE CIRCLE		43 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL		44 CITY-ST-ZIP
TITLE	VPD HUBREGSEN, RALPH 12824 TOUCHSTONE PLACE PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBREGSEN, RALPH		52 NAME
STREET ADDRESS	12824 TOUCHSTONE PLACE		53 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL		54 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Harvey Zibel* DATE: 2/1/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)