

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |  |
|---|--|
| Principal Place of Business<br><b>13462 CROSSPOINTE DRIVE<br/>PALM BEACH GARDENS FL 33418</b> | Mailing Address<br><b>13462 CROSSPOINTE DRIVE<br/>PALM BEACH GARDENS FL 33418-6916</b> |
|---|--|

|                                |    |                                    |    |   |  |
|--------------------------------|----|------------------------------------|----|---|--|
| 2. Principal Place of Business |    | 2a. Mailing Address                |    | 3. Date Incorporated or Qualified<br><b>06/03/1981</b>  | 3a. Date of Last Report<br><b>02/07/1996</b> |
| 21                             | 26 | 4. FEI Number<br><b>59-2099742</b> |    | Applied For<br>Not Applicable   |  |
| Suite, Apt. #, etc.            |    | Suite, Apt. #, etc.                |    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 22                             |    | 27                                 |    | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| City & State                   |    | City & State                       |    | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 23                             | 28 | Zip                                |    | Country   |  |
| 24                             | 25 | 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 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| <b>FL</b> 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 \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | <b>PD</b>                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MARKOWITZ, IRVING</b>           |  |
| STREET ADDRESS | <b>13403 TOUCHSTONE PLACE A204</b> |  |
| CITY-ST-ZIP    | <b>PALM BEACH GARDENS FL</b>       |  |
| TITLE          | <b>TD</b>                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>ZIEL, HARVEY</b>                |  |
| STREET ADDRESS | <b>13278 TOUCHSTONE PL</b>         |  |
| CITY-ST-ZIP    | <b>PALM BEACH GARDENS FL</b>       |  |
| TITLE          | <b>SD</b>                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>WOLF, RUTH H</b>                |  |
| STREET ADDRESS | <b>6985 TOUCHSTONE CIRCLE</b>      |  |
| CITY-ST-ZIP    | <b>PALM BEACH GARDENS FL</b>       |  |
| TITLE          | <b>VPD</b>                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HUBREGSEN, RALPH</b>            |  |
| STREET ADDRESS | <b>12824 TOUCHSTONE PLACE</b>      |  |
| CITY-ST-ZIP    | <b>PALM BEACH GARDENS FL</b>       |  |
| TITLE          |                                    | <input type="checkbox"/> DELETE            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> DELETE            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                                     |  |
|--------------------|-------------------------------------|--|
| 1.1 TITLE          | <b>PD</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>BERNAR REIBEN</b>                |  |
| 1.3 STREET ADDRESS | <b>6703 SOUTH PINE COURT</b>        |  |
| 1.4 CITY-ST-ZIP    | <b>PALM BEACH GARDENS, FL 33418</b> |  |
| 2.1 TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                     |  |
| 2.3 STREET ADDRESS |                                     |  |
| 2.4 CITY-ST-ZIP    |                                     |  |
| 3.1 TITLE          | <b>SD</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>JUDY BARRY</b>                   |  |
| 3.3 STREET ADDRESS | <b>6998 TOUCHSTONE CIRCLE</b>       |  |
| 3.4 CITY-ST-ZIP    | <b>PALM BEACH GARDENS FL 33418</b>  |  |
| 4.1 TITLE          | <b>VPD</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>DR. BARRY DECKER</b>             |  |
| 4.3 STREET ADDRESS | <b>13860 CROSSPOINTE DRIVE</b>      |  |
| 4.4 CITY-ST-ZIP    | <b>PALM BEACH GARDENS, FL 33418</b> |  |
| 5.1 TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                     |  |
| 5.3 STREET ADDRESS |                                     |  |
| 5.4 CITY-ST-ZIP    |                                     |  |
| 6.1 TITLE          |                                     | <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signature]* DATE: *4/15/97*

CR2E037 (9/96)