


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number 59-2099742	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	--

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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
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 provisions of Sections 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REIBEN, BERNAR	
STREET ADDRESS	6703 S PINE CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZIEL, HARVEY	
STREET ADDRESS	13278 TOUCHSTONE PL	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARRY, JUDY	
STREET ADDRESS	6938 T JOHNSTONE CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DECKER, DR. BARRY	
STREET ADDRESS	13880 CROSS POINTE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PAUL V. SALTER	
STREET ADDRESS	12890 OAK KNOLL DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MURRY ABRAMOWITZ	
STREET ADDRESS	18502 TOUCHSTONE PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* **REQUIRED**

CR2E037 (10/97)