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03-17-1999 90075 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758621

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
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FEB 28 1999



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/03/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2099742
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIBEN, BERNAR 6703 S PINE CT PALM BEACH GARDENS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SALTER, PAUL 12890 OAK KNOLL DRIVE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIEL, HARVEY 13278 TOUCHSTONE PL PALM BEACH GARDENS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD ABRAMOWITZ, MURRY 13502 TOUCHSTONE PLACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRY, JUDY 6938 T JOHNSTONE CIR PALM BEACH GARDENS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD TUSH, ANN 12770 OAK KNOLL DRIVE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALTER, PAUL V 12890 OAK KNOLL DR PALM BEACH GARDENS FL 33418	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VPD GREENBERG, MORT 6866 TOUCHSTONE CIRCLE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABRAMOWITZ, MURRY 13502 TOUCHSTONE PL PALM BEACH GARDENS FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DD BARRY, JUDY 6938 TOUCHSTONE CIRCLE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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, with all other like empowered.

SIGNATURE: MURRY ABRAMOWITZ Treasurer Date: 3/10/99 Daytime Phone #: 561 627-0268

CR2E037 (11/98)