


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90041 008 ****61.25

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|---|------------------------------|--|--|---|--|
| DOCUMENT # 758621 | | | |  | |
| 1. Entity 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 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PLUMMER, STEVE 13462 CROSSPOINTE DRIVE PALM BEACH GARDENS, FL 33418 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>Steve Plummer</i> | | | | DATE 1-27-04 | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCHWARTZ, ARTHUR | | NAME | | |
| STREET ADDRESS | 6640 EASTPOINTE PINES ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SCHEINFIEN, ROBERT | | NAME | T RONALD ADELSTEIN | |
| STREET ADDRESS | 13869 PALM GROVE PLACE | | STREET ADDRESS | 12860 OAK KNOLL DRIVE | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HAUSMAN, STAN | | NAME | D CARL RADLER | |
| STREET ADDRESS | 13250 CAMERO WAY | | STREET ADDRESS | 6854 BRIARLAKE CIRCLE | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HUBREGSEN, RALPH | | NAME | | |
| STREET ADDRESS | 12824 TOUCHSTONE PL | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRY, JUDY | | NAME | | |
| STREET ADDRESS | 6938 TOUCHSTONE CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | | |
| TITLE | VT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RÖTH, DANIEL J | | NAME | | |
| STREET ADDRESS | 13885 PALM GROVE PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33418 | | CITY-ST-ZIP | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Wanda J. Kesh - Vice Pres.</i> | | | | DATE: 1-27-04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | DAYTIME PHONE #: 561-622-2080 | |