

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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55 MAY -1 PM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 764093 (1)

1. Corporation Name
EASTLAKES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address

**6879 PALM GROVE COURT
PALM BEACH GARDENS FL 33418** **6879 PALM GROVE COURT
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
07/08/1982 **04/29/1994**

4. FEI Number Applied For / Not Applicable
59-2211383

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **6880 Palm Grove Ct.** 26 **6880 Palm Grove Ct.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

Palm Beach Gardens, FL **Palm Beach Gardens, FL**

24 Zip 25 Country 29 Zip 30 Country

33418 **33418** **33418**

9. Name and Address of Current Registered Agent

**SOUTH FLORIDA RESIDENT AGENTS INC
200 S. BISCAYNE BLVD
4750 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **St. John King & Dicker**

82 Street Address (P.O. Box Number is Not Acceptable) **500 Australian Ave. S.**

83 **500 Australian Ave. S.**

84 City **West Palm Beach** 85 Zip Code **FL 33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Edward Dicker* *Edward Dicker* DATE **2/22/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTSD	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROZA, FRANK	1.2 NAME	R. Edward Kaplan
STREET ADDRESS	6879 PALM GROVE COURT	1.3 STREET ADDRESS	13333 Touchstone Place
CITY-ST-ZIP	PALM BCH GARDENS, F00000	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZURIAGA, J. D.	2.2 NAME	Lawrence Goldberg
STREET ADDRESS	6879 PALM GROVE COURT	2.3 STREET ADDRESS	6998 Touchstone Circle
CITY-ST-ZIP	PALM BCH GARDENS, F00000	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, R. E	3.2 NAME	Sam Raskin
STREET ADDRESS	6879 PALM GROVE COURT	3.3 STREET ADDRESS	13403 Touchstone Place A202
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Harvey Ziel
STREET ADDRESS		4.3 STREET ADDRESS	13278 Touchstone Place
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Edward Kaplan* DATE **2/2/95** 407/627-4590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)

R. Edward Kaplan, Pres.