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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90242 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

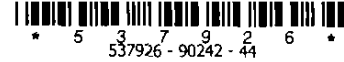


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 764093

1. Corporation Name

EASTLAKES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
 6880 PALM GROVE CT
 PALM BEACH GARDENS FL 33418
 US

Mailing Address
 6880 PALM GROVE CT
 PALM BEACH GARDENS FL 33418
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/08/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2211383	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ST JOHN, KING & DICKER 500 SOUTH AUSTRALIAN AVE WEST PALM BEACH FL 33401				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, MILTON		1.2 NAME		
STREET ADDRESS	6842 TOUCHSTONE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS, F00000		1.4 CITY-ST-ZIP	33418	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, LAWRENCE		2.2 NAME		
STREET ADDRESS	6998 TOUCHSTONE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS, F00000		2.4 CITY-ST-ZIP	33418	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTER, PAUL		3.2 NAME		
STREET ADDRESS	12890 OAK KNOLL DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		3.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEL, HARVEY		4.2 NAME		
STREET ADDRESS	13278 TOUCHSTONE PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP		
TITLE	FD	<input type="checkbox"/> DELETE	5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	6.1 TITLE	Erwin Fried	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erwin Fried		6.2 NAME		
STREET ADDRESS	6806 Touchstone Circle		6.3 STREET ADDRESS		
CITY-ST-ZIP	Palm Beach		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: _____ DATE: _____ DAYTIME PHONE #: 561 6274590

CR2E037 (1/98)

Irwin Fried, **Secretary**
6806 Touchstone Circle
Palm Beach Gardens, Fl. 33418
(561) 622-8471

537926-90242-44

Al Fredericks
13845 Palm Grove Place
Palm Beach Gardens, Fl. 33418
(561) 627-6732

764093

Mort Greenberg
6866 Touchstone Circle
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(561) 691-9537

John Mertz
12801 Oak Knoll Drive
Palm Beach Gardens, Fl. 33418
(561) 624-8926
(305) 865-7816 (miami)

Hubert Flomenhoft - **Secretary**
13102 Touchstone Place
Palm Beach Gardens, Fl. 33418
(561) 622-7863

Wick
- - ADDITION

ROBERT SALTZMAN - TD
6902 BRIARLAKE Circle
PALM BEACH GARDENS, FL 33418
561 624-8989

ADDITION