

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90216 009 \*\*\*\*61.25

**DOCUMENT # 764093**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2211383

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ST JOHN, KING & DICKER  
 500 SOUTH AUSTRALIAN AVE  
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **PAUL SUSSMAN PODESTA**

Street Address (P.O. Box Number is Not Acceptable)

**11382 Prosperity Farms Rd - Ste. 227**

**Palm Beach Gardens**

FL

Zip Code  
**33410**

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.

SIGNATURE

*Robert Saltzman*

8-15-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Delete
NAME	PECK, MILTON
STREET ADDRESS	6842 TOUCHSTONE CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	<input type="checkbox"/> Delete
NAME	GOLDBERG, LAWRENCE
STREET ADDRESS	6998 TOUCHSTONE CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	<input checked="" type="checkbox"/> Delete
NAME	VP SALTER, PAUL
STREET ADDRESS	12890 OAK KNOLL DR.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	<input type="checkbox"/> Delete
NAME	TD SALTZMAN, ROBERT
STREET ADDRESS	6902 BRAIRLAKE CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	<input type="checkbox"/> Delete
NAME	D FREDERICKS, AL
STREET ADDRESS	13845 PALM GROVE PLACE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	<input type="checkbox"/> Delete
NAME	D FRIED, IRWIN
STREET ADDRESS	6806 TOUCHSTONE CIRCLE
CITY-ST-ZIP	PALM BEACH FL 33418

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR BITSON
STREET ADDRESS	12790 OAK KNOLL DR.
CITY-ST-ZIP	Palm Beach Gardens, FLA 33418
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PRESIDENT</del>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD KOTRS V.P.
STREET ADDRESS	13305 Touchstone Ct.
CITY-ST-ZIP	Palm Beach Gardens, FLA 33418
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*Robert Saltzman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00

Date

561-627-4590

Daytime Phone #

CR2E037 (5/00)