

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90155 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

RUU13434



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PODESTA, CARL S
 11382 PROSPERITY FARMS RD
 STE 227
 WEST PALM BEACH FL 33401

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.

SIGNATURE _____

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**

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	P	<input checked="" type="checkbox"/> Delete
NAME	BRISON, VICTOR	
STREET ADDRESS	12790 OAK KNOLL DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, LAWRENCE	
STREET ADDRESS	6998 TOUCHSTONE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KATES, RICHARD	
STREET ADDRESS	13305 TOUCHSTOWN CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SALTZMAN, ROBERT	
STREET ADDRESS	6902 BRAIRLAKE CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDERICKS, AL	
STREET ADDRESS	13845 PALM GROVE PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIED, IRWIN	
STREET ADDRESS	6806 TOUCHSTONE CIRCLE	
CITY-ST-ZIP	PALM BEACH FL 33418	

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT FIRESTONE	
STREET ADDRESS	12932 TOUCHSTONE PLOCH	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA PIERCE	
STREET ADDRESS	6823 BRAIRLAKE CIR.	
CITY-ST-ZIP	Palm Beach.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Miller	
STREET ADDRESS	13322 TOUCHSTONE PLACE	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33418	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN FREDERICKS	
STREET ADDRESS	13246 TOUCHSTONE PLACE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	

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 (ROBERT SALTZMAN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 622 4590

Date

Daytime Phone #

CR2E037 (10/00)