

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90163 045 \*\*\*\*61.25

**DOCUMENT # 764093**

1. Entity Name

**EASTLAKES PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6880 PALM GROVE CT  
 PALM BEACH GARDENS FL 33418  
 US

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

Zip

Country

Zip

Country

4. FEI Number

**59-2211383**

Applied For

Not Applicable

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

~~CARL S~~ **PODESTA, CARL S CARI**  
**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]*

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FIRESTONE, ALBERT</b>	
STREET ADDRESS	<b>12832 TOUCHSTONE PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>PIERCE, BARBARA</b>	
STREET ADDRESS	<b>6873 BRIARLAKE CIR</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KATES, RICHARD</b>	
STREET ADDRESS	<b>13305 TOUCHSTOWN CT</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SALTZMAN, ROBERT</b>	
STREET ADDRESS	<b>6902 BRIARLAKE CIRCLE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, RALPH</b>	
STREET ADDRESS	<b>13845 PALM GROVE PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FROHWIN, JOHN</b>	
STREET ADDRESS	<b>13246 TOUCHTOWN PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33412</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIRESTONE, ALBERT</b>	
STREET ADDRESS	<b>12832 TOUCHSTONE PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIERCE, BARBARA</b>	
STREET ADDRESS	<b>6873 BRIARLAKE CIRCLE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATES, RICHARD</b>	
STREET ADDRESS	<b>13305 TOUCHSTONE PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, RALPH</b>	
STREET ADDRESS	<b>13322 TOUCHSTONE PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FROHWEIN, JOHN</b>	
STREET ADDRESS	<b>13246 TOUCHSTONE PLACE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33418</b>	

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:

*[Signature]* **REQUIRIDA Kates**

1/25/02 561-627-49

CR2E037 (9/01)

Attachment  
92330  
Doc# 764093

**EASTLAKES PROPERTY OWNERS ASSOCIATION**  
OFFICERS AND DIRECTORS - Continued

**(VP/D) Charlotte Markowitz**  
12840 Crosspointe Court  
Palm Beach Gardens, FL 33418

**(S/D) Hubert Flomenhoft**  
13102 Touchstone Place  
Palm Beach Gardens, FL 33418

**(D) William Benjamin**  
6933 Briarlake Circle  
Palm Beach Gardens, FL 33418