

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90031 003 \*\*\*\*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**

**54020598**



MOORE GR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

Name **Elizabeth Bonam**  
 Street Address (P.O. Box Number is Not Acceptable) **759 S. Federal Highway**  
**Suite 212**  
 City **Stuart** FL Zip Code **34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**3/10/04**  
 DATE

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME	D FIRESTONE, ALBERT <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12832 TOUCHSTONE PLACE PALM BEACH GARDENS FL 33418
TITLE NAME	SD FLAMENHOFT, HUBERT <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13102 TOUCHSTONE PLACE PALM BEACH GARDENS FL 33418
TITLE NAME	P KATES, RICHARD <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13305 TOUCHSTOWN CT PALM BEACH GARDENS FL 33418
TITLE NAME	TD BENJAMIN, WILLIAM <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6933 BRIARLAKE CIRCLE PALM BEACH GARDENS FL 33418
TITLE NAME	D MILLER, RALPH <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13322 TOUCHSTONE PLACE PALM BEACH GARDENS FL 33418
TITLE NAME	D FROHWEIN, JOHN <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13246 TOUCHTOWN PLACE PALM BEACH GARDENS FL 33418

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #