


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90044 020 \*\*\*\*61.25

**40002181**



<b>DOCUMENT # 764093</b>					
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		
Zip	Country	Zip	Country	4. FEI Number 59-2211383	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BONAN, ELIZABETH 759 S. FEDERAL HWY STE 212 STUART, FL 34994				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
B. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIRESTONE, ALBERT	NAME			
STREET ADDRESS	12832 TOUCHSTONE PLACE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLAMENHOFT, HUBERT	NAME			
STREET ADDRESS	13102 TOUCHSTONE PLACE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KATES, RICHARD	NAME			
STREET ADDRESS	13305 TOUCHSTOWN CT	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENJAMIN, WILLIAM	NAME			
STREET ADDRESS	6933 BRIARLAKE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, RALPH	NAME			
STREET ADDRESS	13322 TOUCHSTONE PLACE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FROHWEIN, JOHN	NAME			
STREET ADDRESS	13246 TOUCHTOWN PLACE	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	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 employees.					
SIGNATURE: <i>William Benjamin</i>				Date: 1/13/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 561-627-4590	