

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90044 035 ****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

1st MOORE CR2E037 (10/05)
4. FEI Number Applied For
59-2211383 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BONAN, ELIZABETH
759 S. FEDERAL HWY STE 212
STUART FL 34994**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW - FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 exemptions contained in Section 119, 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: *William Benjamin*

2/2/06