


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90072 043 \*\*\*\*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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

40007775



01092008 Chg-NP CR2E037 (12/06)

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  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '08	
TITLE D NAME FIRESTONE, ALBERT STREET ADDRESS 12832 TOUCHSTONE PLACE CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE U.P. NAME Alan Fishman STREET ADDRESS 13018 Touchstone Place CITY-ST-ZIP Palm Beach Gardens FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME FLOMENHOFT, HUBERT STREET ADDRESS 13102 TOUCHSTONE PLACE CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE President NAME Hubert Flomenhoft STREET ADDRESS 13102 Touchstone Place CITY-ST-ZIP Palm Beach Gardens FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BARR, MELVIN STREET ADDRESS 13351 TOUCHSTONE PL C102 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE Treasurer NAME Ronald Adelstein STREET ADDRESS 12860 Oak Knoll Drive CITY-ST-ZIP Palm Beach Gardens FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME BENJAMIN, WILLIAM STREET ADDRESS 6933 BRIARLAKE CIRCLE CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Jerry Kasrel STREET ADDRESS 6866 Briarlake Circle CITY-ST-ZIP Palm Beach FL 33418	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME SHESSER, ARTHUR STREET ADDRESS 6667 S. PINE CT CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Ronald Adelstein DATE: 1/18/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #