


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90139 015 ****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: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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: _____
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)
Signature, typed or printed name of registered agent and title if applicable. 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 Florida Department of State

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	D <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERCE, BARBARA	NAME	Flomenhoff, Hubert
STREET ADDRESS	6873 BRIARLAKE CIR	STREET ADDRESS	13102 Touchstone Place
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	Palm Beach Gardens FL 33418
TITLE	P <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATES, RICHARD	NAME	markowitz, Charlotte
STREET ADDRESS	13305 TOUCHSTOWN CT	STREET ADDRESS	13840 Crosspointe Court
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALTZMAN, ROBERT	NAME	Benjamin, William
STREET ADDRESS	6902 BRIARLAKE CIRCLE	STREET ADDRESS	6933 Briarlake Circle
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	CITY-ST-ZIP	Palm Beach Gardens FL 33418
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	D <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 empowered.

SIGNATURE: _____ **REQUIRED** 3/16/03 (561) 627-4590

CR2E037 (10/02)