

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00511 (8)**  
 1. Corporation Name  
**THE ESTATES PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>22151 SHOREWIND DRIVE          BOCA RATON FL 33428          US</b>	Mailing Address <b>22151 SHOREWIND DRIVE          BOCA RATON FL 33428          US</b>
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2. Principal Place of Business <b>21 2994 Jog Road</b> Suite, Apt. #, etc. <b>22 Suite B</b> City & State <b>23 Greenacres, FL</b> Zip <b>24 33467</b>	2a. Mailing Address <b>25 2994 Jog Road</b> Suite, Apt. #, etc. <b>27 Suite B</b> City & State <b>28 Greenacres, FL</b> Zip <b>29 33467</b>
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9. Name and Address of Current Registered Agent <b>VALYO, PAUL</b> <b>22151 SHOREWIND DRIVE</b> <b>BOCA RATON FL 33428</b>	
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3. Date Incorporated or Qualified <b>12/21/1983</b>
4. FEI Number <b>59-2376493</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Scot Gerrish c/o CMC Management Inc.</b> <b>83 Street Address (P.O. Box Number is Not Acceptable)</b> <b>2994 Jog Rd., Suite B</b> <b>84 City</b> <b>Greenacres</b>		<b>85 Zip Code</b> <b>33467</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Scot Gerrish DATE 1-27-98  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD RUSSELL DEVICK</b>
STREET ADDRESS	<b>11640 BLACKWOODS LN</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>STD WAYNE RICHARDS</b>
STREET ADDRESS	<b>6832 HATTERAS DRIVE</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD CASSELLA, AUGUST</b>
STREET ADDRESS	<b>8611 GULLANE COURT</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D E. LLOYD ECCLESTONE, III</b>
STREET ADDRESS	<b>357 HYATT DR</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D WOLFE, ROBERT</b>
STREET ADDRESS	<b>123 NW 13TH STREET, STE 300</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P Wayne Richards</b>
2.3 STREET ADDRESS	<b>6832 Hatteras Drive</b>
2.4 CITY-ST-ZIP	<b>Lake Worth, FL</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D August Cassella</b>
3.3 STREET ADDRESS	<b>8611 Gullane Court</b>
3.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>S Dr. Joseph Formica</b>
5.3 STREET ADDRESS	<b>8690 Marlamoor Lane</b>
5.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>T Carol Hirsch</b>
6.3 STREET ADDRESS	<b>11559 Buckhaven Lane</b>
6.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Wayne Richards DATE 1/25/98

CR2E037 (10/97)

The Estates Property Owners Association Inc.

FEI 59-2376493

Additional name:

D Addition  
Robert S. Rickel  
5701 Pine Island Road  
Tamarac, FL