2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000122845

1. Entity Name
EASTPOINTE TENNIS CLUB, INC.

FILED
Sep 09, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
13535 EASTPOINTE BLVD. PALM BCH GARDENS, FL 33418	13535 EASTPOINTE BLVD. PALM BCH GARDENS, FL 33418

09052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3435229
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000959276
09/09/08-80004-011 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VANDERPOL, EMMANUEL
STREET ADDRESS	13535 EASTPOINTE BLVD.
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418
TITLE	T
NAME	VANDERPOL, JOHN
STREET ADDRESS	13535 EASTPOINTE BLVD.
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: _____ E. VANDERPOL 9-2-08 5617583698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #