

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 10, 2005
Secretary of State**

DOCUMENT# N03000005070

Entity Name: THE EGRET'S PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5245 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652**New Principal Place of Business:**4708 JENNMAR WAY
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5245 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652**New Mailing Address:**4708 JENNMAR WAY
NEW PORT RICHEY, FL 34652**FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BORDA, JOSEPH R
5245 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652 US**Name and Address of New Registered Agent:**SPADE, WILLIAM E
4708 JENNMAR WAY
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: WILLIAM E SPADE

11/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: BORDA, JOSEPH R
Address: 2894 WEST BAY DRIVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770Title: D () Delete
Name: WIGGIN, LESLI A
Address: 5245 U.S. HIGHWAY 19 NORTH
City-St-Zip: NEW PORT RICHEY, FL 34652Title: D () Delete
Name: MOUNTAIN, MARGARET E
Address: 5245 U.S. HIGHWAY 19 NORTH
City-St-Zip: NEW PORT RICHEY, FL 34652**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: VIERLING, DONALD K
Address: 6936 RIVER BEND
City-St-Zip: NEW PORT RICHEY, FL 34652Title: S (X) Change () Addition
Name: MULLINS, TODD G
Address: 4708 JENNMAR WAY
City-St-Zip: NEW PORT RICHEY, FL 34652Title: T (X) Change () Addition
Name: SPADE, WILLIAM E
Address: 4708 JENNMAR WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E SPADE

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11/10/2005

Electronic Signature of Signing Officer or Director

Date