## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N03000005070

TI FILED
Jul 24, 2006
Secretary of State

Entity Name: THE EGRET'S PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4708 JENNMAR WAY 5625 EGRETS PLACE

NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

4708 JENNMAR WAY 5625 EGRETS PLACE

NEW PORT RICHEY, FL 34652 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: Name and Address of New Registered Agent:

SPADE, WILLIAM E FOLINO, JENNIFER
4708 JENNMAR WAY 5625 EGRETS PLACE

NEW PORT RICHEY, FL 34652 US 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: JENNIFER FOLINO 07/24/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHAN

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

Name: VIERLING, DONALD K Name:

 Address:
 6936 RIVER BEND
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 MULLINS, TODD G
 Name:

 Address:
 4708 JENNMAR WAY
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 City-St-Zip:

Name: SPADE, WILLIAM E Name: FOLINO, JENNIFER
Address: 4708 JENNMAR WAY Address: 5625 EGRETS PLACE

City-St-Zip: NEW PORT RICHEY, FL 34652 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 Chapter 119, 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: JENNIFER FOLINO S 07/24/2006