2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N03000005070

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

Current Principal Place of Business:

5625 EGRETS PLACE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

6710 EMBASSY BLVD
206
PORT RICHEY, FL 34668

Current Mailing Address:

5625 EGRETS PLACE
NEW PORT RICHEY, FL 34652

New Mailing Address:

6710 EMBASSY BLVD
206
PORT RICHEY, FL 34668

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOLINO, JENNIER
5625 EGRETS PLACE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

MYSZKOWIAK, MARY ANN
6710 EMBASSY BLVD
206
PORT RICHEY, FL 34668 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: MARY ANN MYSZKOWIAK 03/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VIERLING, DONALD K
Address: 6936 RIVER BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S (X) Delete
Name: MULLINS, TODD G
Address: 4708 JENNMAR WAY
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T ( ) Delete
Name: FOLINO, JENNIFER
Address: 5625 EGRETS PLACE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 TREA 03/30/2009
Electronic Signature of Signing Officer or Director Date