

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N09039** (1)

1. Corporation Name

**EGRET'S COVE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business: 199 UTOPIA CIRCLE, MERRITT ISLAND FL 32952  
Mailing Address: 199 UTOPIA CIRCLE, MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified: **05/02/1985**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2198780**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-29)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

9. Name and Address of Current Registered Agent  
**REINMAN, JAMES L  
1825 S RIVERVIEW DR  
MELBOURNE FL**

10. Name and Address of New Registered Agent  
81 Name: **MARIE CELLANA**  
82 Street Address (P.O. Box Number is Not Acceptable): **190 UTOPIA CIRCLE**  
83 City: **MERRITT ISLAND**  
84 City: **FL** 85 Zip Code: **32952**

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: Marie Cellana DATE: 2/6/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PATTERSON, DAN</b>
STREET ADDRESS	<b>125 UTOPIA CIRCLE</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FENGEL, JACK</b>
STREET ADDRESS	<b>150 UTOPIA CIRCLE</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CELLANA, MARIE</b>
STREET ADDRESS	<b>190 UTOPIA CIRCLE</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>ROBERT PAIGE</b>
13 STREET ADDRESS	<b>200 UTOPIA CIRCLE</b>
14 CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32952</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marie Cellana DATE: 2/6/96 (407) 453-7874  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)