


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90068 046 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N09039**

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

269230 - 90048 - 13



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	2b	05/02/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2198780
City & State	City & State	5. Certificate of Status Desired
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUGGLE, TIMOTHY 150 UTOPIA CIR MERRITT ISLAND FL 32952	81 Name: <b>BARRY V. GORDON</b> 82 Street Address (P.O. Box Number is Not Acceptable): <b>245 UTOPIA CIRCLE</b> 83 84 City: <b>MERRITT Island</b> FL 85 Zip Code: <b>32952</b>

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: *Barry V. Gordon* DATE: **3/28/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>TIMOTHY, TUGGLE</b>		1.2 NAME: <b>BARRY V. GORDON</b>	
STREET ADDRESS: <b>150 UTOPIA CIR</b>		1.3 STREET ADDRESS: <b>245 UTOPIA CIRCLE</b>	
CITY-ST-ZIP: <b>MERRITT ISLAND FL 32952</b>		1.4 CITY-ST-ZIP: <b>MERRITT Island FL 32952</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>LANE, MICKEY</b>		2.2 NAME:	
STREET ADDRESS: <b>220 UTOPIA CIR</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>MERRITT ISLAND FL 32952</b>		2.4 CITY-ST-ZIP:	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PERRONE, RALPH</b>		3.2 NAME:	
STREET ADDRESS: <b>155 UTOPIA CIR</b>		3.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>MERRITT ISLAND FL 32952</b>		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Barry V. Gordon* DATE: **1/5/99** DAYTIME PHONE # **407 674 3240**

CR2E037 (1/98)