

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2001 08:00 AM
Secretary of State

DOCUMENT # N09039

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
59-2198780

Applied For	
Not Applicable	

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GORDON BARRY V
 245 UTOPIA CIRCLE

 MERRITT ISLAND FL
 32952

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)

 City **FL** Zip Code

8. 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 _____ DATE **01/14/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete GORDON BARRY V 245 UTOPIA CIRCLE MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LANE MICKEY 220 UTOPIA CIR MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TIMOTHY TUGGLE 150 UTOPIA CIR MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GORDON BARRY V 245 UTOPIA CIRCLE MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KESKINEN KEN 285 UTOPIA CIR MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TUGGLE DOROTHY 150 UTOPIA CIR MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry V Gordon ST 01/14/2001

CR2E037 (11/00)