FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40650** (6)

1. Corporation Name

SAND EGRET RECREATIONAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SUITE 300 123 NW 13TH STREET BOCA RATON FL 33432	SUITE 300 123 NW 13TH STREET BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0343017 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5800 AQUARIUS BLVD	26 7765 LAKE WORTH RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 337
City & State 23 LAKE WORTH FL	City & State 28 LAKE WORTH FL
Zip 24 33467 — Country 25 USA	Zip 29 33467-2536 — Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BISHOP, MARTIN SUITE 213 123 NW 13TH STREET BOCA RATON FL 33432	81 Name: WHITELY, BRUCE R. 82 Street Address (P.O. Box Number is Not Acceptable): 8584 GRASSY ISLE TRAIL 83 84 City: LAKE WORTH FL — 85 Zip Code: 33467

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: WHITELY, BRUCE R. [signature] — DATE: 29 MAR 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	~~PRESIDENT~~ P/D ☒ Change ☐ Addition
NAME	KRAYNICK, JOHN	1.2 NAME	WHITELY, BRUCE R.
STREET ADDRESS	123 NW 13TH STREET #300	1.3 STREET ADDRESS	8584 GRASSY ISLE TRAIL
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	VD	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	ENGELSTEIN, ALEC	2.2 NAME	ELLIOT, THOMAS W.
STREET ADDRESS	123 NW 13TH STREET #300	2.3 STREET ADDRESS	5664 EGRET ISLE TR
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	STD	3.1 TITLE	V/D ☐ Change ☒ Addition
NAME	SHAWE, LAWRENCE	3.2 NAME	DAYIOGLU, MARGARET
STREET ADDRESS	123 NW 13TH STREET #300	3.3 STREET ADDRESS	8400 WHITE SANDS COVE
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE		4.1 TITLE	T/D ☒ Change ☐ Addition
NAME		4.2 NAME	SCHOTT
STREET ADDRESS		4.3 STREET ADDRESS	5506 EGRET ISLE TR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE		5.1 TITLE	S/D ☒ Change ☐ Addition
NAME		5.2 NAME	EDELSTEIN
STREET ADDRESS		5.3 STREET ADDRESS	5433 WHITESANDS COVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: [signature] WHITELY BRUCE R — 29MAR95 — (407) 642-6336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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