

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N40650 (6)**  
1. Corporation Name  
**SAND EGRET RECREATIONAL ASSOCIATION, INC.**



|                                                                                         |  |                                                                               |  |                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Principal Place of Business<br><b>5800 AQUARIUS BLVD<br/>LAKE WORTH FL 33467<br/>US</b> |  | Mailing Address<br><b>P.O. BOX 540373<br/>LAKE WORTH FL 33454-0373<br/>US</b> |  | 3. Date Incorporated or Qualified<br><b>11/05/1990</b>                                                                                                                  |  |
| 2. Principal Place of Business<br><b>21 5800 AQUARIUS BLVD</b>                          |  | 2a. Mailing Address<br><b>26</b>                                              |  | 4. FEI Number<br><b>65-0343017</b>                                                                                                                                      |  |
| Suite, Apt. #, etc.<br><b>22</b>                                                        |  | Suite, Apt. #, etc.<br><b>27</b>                                              |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |  |
| City & State<br><b>23</b>                                                               |  | City & State<br><b>28</b>                                                     |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |  |
| Zip<br><b>24</b>                                                                        |  | Country<br><b>25</b>                                                          |  | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                     |  |
| Zip<br><b>29</b>                                                                        |  | Country<br><b>30</b>                                                          |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                                                                                                             |  |                                                                                                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>SARFATY, EDMOND<br/>5520 EGRET ISLE TRAIL<br/>LAKE WORTH FL 33467</b> |  | 10. Name and Address of New Registered Agent<br><b>81 Name JOSEPH R. LUPO<br/>82 Street Address (P.O. Box Number is Not Acceptable) 5480 WHITE SANDS COVE<br/>83<br/>84 City LAKE WORTH FL 85 Zip Code 33467</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 JOSEPH R. LUPO JOSEPH R. LUPO 4/24/98  
(NOTE: Registered Agent Signature required when reinstating) DATE

|                                                |                                                                                                                     |                                                                |                                                                                                                                                        |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                     |                                                                                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WHITELY, BRUCE R<br>8584 GRASSY ISLE TRAIL<br>LAKE WORTH FL 33467 <input checked="" type="checkbox"/> DELETE  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | TD<br>BARBARA CHOMSKY<br>5566 EGRET ISLE TRAIL<br>LAKE WORTH FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SARFATY, EDMOND<br>5520 EGRET ISLE TR<br>LAKE WORTH FL 33467 <input checked="" type="checkbox"/> DELETE       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | PD<br>LUPO, JOSEPH R.<br>5480 WHITE SANDS COVE<br>LAKE WORTH FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SHULMAN, HELEN<br>5535 EGRET ISLE TR<br>LAKE WORTH FL 33467 <input type="checkbox"/> DELETE                   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | VD<br>CRISPYN, THOMAS A.<br>8696 GRASSY ISLE TRAIL<br>LAKE WORTH FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SCHOTT, BIRTHE<br>5508 EGRET ISLE TR<br>LAKE WORTH FL 33467 <input checked="" type="checkbox"/> DELETE        | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>EDELSTEIN, MARILYN<br>5433 WHITE SANDS COVE<br>LAKE WORTH FL 33467 <input checked="" type="checkbox"/> DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MICHAELS, EDITH<br>5456 WHITE SANDS COVE<br>LAKE WORTH FL 33467 <input type="checkbox"/> DELETE               | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |

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.

SIGNATURE: JOSEPH R. LUPO JOSEPH R. LUPO 4/24/98 (561) 964-6845

CR2E037 (10/97)