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95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N44212 (1)**
1. Corporation Name
EGRET POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
100 RIVER BRIDGE BLVD WEST PALM BEACH FL 33413

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/01/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0276639** Applied For Not Applicable

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
**OLITZKY, EARL K.
100 RIVER BRIDGE BLVD
WEST PALM BEACH FL 33413**

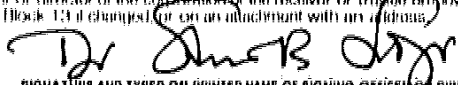
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (Signature of current registered agent and the agent of the corporation) _____ (Registered Agent signature when registered) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP DAVIS, AIMEE 15330 SW 55 TER MIAMI FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOFT, STUART 156 EGRET CIRCLE W. PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD OLITZKY, EARL 100 RIVER BRIDGE BLVD WEST PALM BEACH FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEBONIS, ALFRED 133 EGRET CIRCLE W. PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD SHORE, STEVE 3300 PGA BLVD #900 PALM BEACH GARDENS FL 33410	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEWART, RENEE 137 EGRET CIRCLE W. PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JUDIS, EDWARD 140 EGRET CIRCLE W. PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MESKIN, SANFORD 144 EGRET CIRCLE W. PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the recognition stated in Section 119.07(3)(b), 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 authorized to execute the 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dr. Stuart Loft, President

4/27/95 407-968-6054