

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 07/01/1991  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 65-0276639	Applied For	Not Applicable
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
25	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OLITZKY, EARL K. 100 RIVER BRIDGE BLVD WEST PALM BEACH FL 33413				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFT, STUART	1.2 NAME	
STREET ADDRESS	156 EGRET CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBONIS, ALFRED	2.2 NAME	Appel, Pearl
STREET ADDRESS	133 EGRET CIRCLE	2.3 STREET ADDRESS	136 Egret Circle
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33413
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, RENEE	3.2 NAME	Rosenstein, Cynthia
STREET ADDRESS	137 EGRET CIRCLE	3.3 STREET ADDRESS	117 Egret Circle
CITY-ST-ZIP	W PALM BEACH FL	3.4 CITY-ST-ZIP	W. Palm Beach, FL 33413
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURIS, EDWARD	4.2 NAME	
STREET ADDRESS	140 EGRET CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESKIN, SANFORD	5.2 NAME	Meskin, Sanford
STREET ADDRESS	144 EGRET CIRCLE	5.3 STREET ADDRESS	144 Egret Circle
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	West Palm Beach, FL 33413
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 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(3)(k), 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: *Pearl Appel, Trustee* 5/1/96 407-968-6054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)