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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90113 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44212

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 2328 S. Congress Ave	07/01/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 2A	65-0276639
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28 West Palm Beach FL	\$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29 33406	<input type="checkbox"/>
Country	Country	Trust Fund Contribution
25	30 PB	\$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	VP ELGES, EMIL <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFT, STUART	1.2 NAME	
STREET ADDRESS	150 EGRET CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD APPEL, PEARL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	136 EGRET CIRCLE	2.2 NAME	
STREET ADDRESS	W PALM BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD ROSENSTEIN, CYNTHIA <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	117 EGRET CIRCLE	3.2 NAME	
STREET ADDRESS	W PALM BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP JURIS, EDWARD <input type="checkbox"/> DELETE	4.1 TITLE	VP Juris, Edward <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	140 EGRET CIRCLE	4.2 NAME	140 Egret Circle
STREET ADDRESS	W PALM BEACH FL	4.3 STREET ADDRESS	W Palm Beach FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D JEWELL, JANE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D Jewell, Jane <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	168 EGRET CIRCLE	5.2 NAME	164 Egret Circle
STREET ADDRESS	W PALM BEACH FL	5.3 STREET ADDRESS	W Palm Beach, FL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VP ELGES, EMIL <input type="checkbox"/> DELETE	6.1 TITLE	VP Elges, Emil <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	137 EGRET CIRCLE	6.2 NAME	137 Egret Circle
STREET ADDRESS	W. Palm Beach, FL	6.3 STREET ADDRESS	W. Palm Beach, FL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **Pearl Appel** 4/19/99 (News)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2F037 (11/99)