

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90063 042 ****61.25

DOCUMENT # N44212

1. Entity Name

EGRET POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

100 RIVER BRIDGE BLVD
 WEST PALM BEACH FL 33413

2328 S. CONGRESS AVE.
 2A
 WEST PALM BEACH FL 33406-7674

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0276639

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **JOHN F FROELICH**
 Street Address (P.O. Box Number is Not Acceptable)
12773 W FOREST HILL BLVD #214
 City **W PALM BEACH** FL Zip Code **33414**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	APPEL, PEARL	
STREET ADDRESS	136 EGRET CIRCLE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSENSTEIN, CYNTHIA	
STREET ADDRESS	117 EGRET CIRCLE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JURIS, EDWARD	
STREET ADDRESS	140 EGRET CIRCLE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEWELL, JANE	
STREET ADDRESS	164 EGRET CIR	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELGES, EMIL	
STREET ADDRESS	137 EGRET CIR	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00
 DATE

516-434-3494
 Daytime Phone #

CR2E037 (9/99)