


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90079 046 \*\*\*\*61.25

**40024929**



<b>DOCUMENT # N44212</b>					
1. Entity Name EGRET POINT HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O ASSOCIATED PROP. MGMT. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461			Mailing Address C/O ASSOCIATED PROP. MGMT. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0276639	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASSOCIATED PROP. MGMT. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOFT, RITA		NAME	WILLIS, JAMES	
STREET ADDRESS	156 S EGRET CIR		STREET ADDRESS	113 EGRET CIR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<del>VP</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, LAWRENCE		NAME	<del>LEED, HARRY</del>	
STREET ADDRESS	112 EGRET CIR		STREET ADDRESS	<del>192 EGRET CIR.</del>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	<del>WEST PALM BEACH, FL 33413</del>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAU, ISABEL		NAME	KELSO, NANCY	
STREET ADDRESS	121 EGRET CIR		STREET ADDRESS	128 EGRET CIR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPEL, PEARL		NAME		
STREET ADDRESS	136 EGRET CIR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEED, LARRY		NAME		
STREET ADDRESS	192 EGRET CIR		STREET ADDRESS		
CITY-ST-ZIP	GREENACRES, FL 33413		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: PEARL APPEL TRAVIS			Pearl Appel		2/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # 561-434-3494