**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

APPROVED AND FILED

94 JUN 24 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**1.** Corporation Name

EGRET LANDING PROPERTY OWNERS' ASSOCIATION, INC.

DOCUMENT #
N47584 (0)

Mailing Address
2601 BISCAYNE BLVD.
MIAMI FL 33137

Principal Place of Business
2601 BISCAYNE BLVD.
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

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

**3.** Date Incorporated or Qualified: 02/26/1992

**3a.** Date of Last Report: 08/03/1993

**4.** FEI Number: 65-0387055 ☐ 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 Exempt from $138.75 Supplemental Fee ☐

**8.** This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

~~HERTZ, CLIFFORD I.~~
~~BROAD & CASSEL - REFLECTIONS CTR., 5TH FL.~~
~~400 AUSTRALIAN AVENUE SOUTH~~
~~WEST PALM BEACH FL 33401~~

**10. Name and Address of New Registered Agent**

81 Name: Chuck Edgar, Levine, Frank & Edgar
82 Street Address (P.O. Box Number is Not Acceptable): 3300 PGA Boulevard, Suite 500 Gardens Plaza
83 Tower One
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE [signature] (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE 6/12/94

| **12.** | OFFICERS AND DIRECTORS | **13.** | CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|---|
| 11 TITLE | P/D | 11 TITLE | S/T/D |
| 12 NAME | GOLDSTEIN, JAMES E. | 12 NAME | |
| 13 STREET ADDRESS | 2601 BISCAYNE BLVD. | 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | MIAMI FL 33137 | 14 CITY-ST-ZIP | |
| 21 TITLE | ~~D~~ | 21 TITLE | V/D |
| 22 NAME | ~~MILLER, ROBER~~ | 22 NAME | Miller, Roger |
| 23 STREET ADDRESS | 2601 BISCAYNE BLVD. | 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | MIAMI FL 33137 | 24 CITY-ST-ZIP | |
| 31 TITLE | ~~D~~ | 31 TITLE | P/D |
| 32 NAME | ~~BETMAN, ROBERT~~ A. | 32 NAME | BERMAN, ROBERT A. |
| 33 STREET ADDRESS | 2562 W. INDIANTOWN ROAD | 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | JUPITER FL 33458 | 34 CITY-ST-ZIP | |
| 41 TITLE | | 41 TITLE | |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| 51 TITLE | | 51 TITLE | |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| 61 TITLE | | 61 TITLE | |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | | 64 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 release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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] VP, Roger Miller, Vice Pres. 6/13/94 305-576-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #