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NONPROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N4758

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EGRET LANDING PROPERTY OWNERS' ASSOCIATION, INC.

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Principal Place of Business Mailing Address							I TABLETON DEL BENT ANDON DESOE ANTE BENT AND					JIBRE BEBEL 1881	
1020 EGRET LANDING BLVD JUPITER FL 33458 US				PO BOX 420 JUPITER FL 33468-0420				•	·				
03									3. Date Incorporated or Qualified 02/26/1992	3a. Dá	ate of Last F 02/21/19	Report 196	
2. Principal Place of Business 21 1059 Lakeshore Drive				2a. Mailing Address 26					4. FEI Number Applied For 65-0387223 Not Applicable				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired				
City & State 23 Jupiter, FL				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
				Zip Country					8. This corporation has liability for intangible tax under s. 199.032,				
33458	Zip Country USA			29 30					Florida Statutes Yes No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
							81 Name						
EDGAR, CHUCK LEVINE, FRANK & EDGAR						62	Street	et Address (P.O. Box Number is Not Acceptable)					
	A BLVD, S	PLAZA		Ì	83		***************************************						
PALM BI	EACH GAR	DENS FL 33410					City				85 Zip	Code	
dd. Dawyddodd - conision of Continue CCT CCCC Local dCCC Circles										FL		In an alabasa d	
office or r agent. I a	to the provis registered ag im familiar wi	ent, or both, in the State th, and accept the oblig	of Floridations of	da. Such change was , Section 617.0503, F	authorizec Iorida Stati	l by	y the corp s.	poration	ation submits this statement for the purish board of directors. I hereby accept	t the app	iointment as	s registered	
SIGNATURE ,													
12,	Signature, typed	or printed name of registered ag OFFICERS AN			13.	Age	ent signature	required v	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND) DIRECTO!	RS IN 12	
TITLE	PD	OIT ICENS AIN	DIFIE	DELETE	1.1 T(T	LE		l .	ADDITIONS/CHANGES TO CITTO	CINO AINE		Addition	
NAME	, , –	a. Berman		1.2 N									
STREET ADDRESS		ONALD ROSS ROAD		1.3 STR			ADDRESS						
CITY-ST-ZIP		EACH GARDENS FL		1.41			ST-ZIP		33418-83	106			
TITLE	VD			☐ DELETE	2.1 111	LΕ					Change	XX Addition	
NAME	MILLER, ROGER			2.2 N									
STREET ADDRESS				2.3 \$.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI F	<u>L</u>					2. 4 CITY - ST - ZIP		33137				
TITLE	STD			☐ DELETE	3.1 TIT			1	STD		X Xhange	Addition	
NAME		TEIN, JAMES E.							chard Caster				
STREET ADDRESS 2601 BISCAYNE BLVD				3.3 STREET A			·)1 Biscayne Blvd.)			
CITY-ST-ZIP TITLE	MIAMI F	<u>L</u>		DELETE	3.4. CI 4.1 TIT	•	ST-ZIP	Mia	mi, FL 33137		Change	Addition	
NAME				L.J DELETE	4. 2 N/						L. Change	L. Addition	
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CITY-ST-ZIP)				4		ST-ZIP						
TITLE	1		*******	DELETE	6.1 TIT			T			Change	Addition	
NAME					6.2 NA	ME							
STREET ADDRESS					6.3 ST	REET	T ADDRESS	1					

I am an officer or precion of the convergence of 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 charged, or on an attainment with an address.

Robert A. Berman

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED AND OFFICER OR DIRECTOR

Date

Date

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6.4 CITY-ST-ZIP

14. I do 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 precion or the comparation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name