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

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

EDGAR, CHUCK

LEVINE, FRANK & EDGAR

N47584

(0)

EGRET LANDING PROPERTY OWNERS' ASSOCIATION, INC.

## **FILED** Jan 29 1998 8:00am Secretary of State

A CORRESPONDE A REPORT FOR A REPORT OF THE PARTY OF THE P

Drinning Diago	of Business	Mailing Address			
Principal Place of Business		Mailing Address			
1059 LAKESHORE DR JUPITER FL 33458 US		PO BOX 420 JUPITER FL 33468		3. Date Incorporated or Qualified 02/26/1992	
				4. FEI Number	Applied For
				65-0387223	Not Applicable
2- Principal Place of Business 21		2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
		<del>-</del>	Or Manage		

Street Address (P.O. Box Number is Not Acceptable)

3300 PGA BLVD, SUITE 500 GARDENS PLAZA PALM BEACH GARDENS FL 33410 City Zip Code 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.

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SIGNATURE (NOTE: Registered Agent signature Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change \_\_\_ Addition 1.1 TITLE STD TITLE ROBERT A. BERMAN 1.2 NAME NAME 6973 DONALD ROSS ROAD 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME MILLER, ROGER 2.2 NAME 2601 BISCAYNE BLVD. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE PD Addition 3.1 TITLE TITLE NAME CASTER, RICHARD 3.2 NAME 2601 BISCAYNE BLVD STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_ DELETE Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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)(1), Florida Statutes. I further certify that the information indicated on this arrival 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 attachme

3/98 (561) 744-1111 SIGNATURE:

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