2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90082 046 ****61.25

DOCUMENT # N47584

1. Entity Name
EGRET LANDING PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1059 LAKESHORE DR JUPITER, FL 33458 US	1059 LAKESHORE DR JUPITER, FL 33458 US

40078405

04132005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0387223
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GELFAND, MICHAEL J ESQ
C/O GELFAND & ARIE, PA
205 S AUSTRALIAN AVE, STE 1010
WEST PALM BEACH, FL 33401-5014

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEAUMIER, MICHAEL
STREET ADDRESS	~~510 PELICAN LONE N.~~ 510 Pelican Ln. North
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VP
NAME	~~GATULLO, DIANE~~ Marlene Olson
STREET ADDRESS	~~1076 LAKESHORE DR~~ 398 Mahogany Pl
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	SD
NAME	~~BEAUMIER, MICHAEL~~ Wayne Cheeseman
STREET ADDRESS	~~510 PELICAN LANE NO.~~ 279 Swan Lane
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	SD
NAME	~~CROTTY, KYLE~~ Joseph Bensler
STREET ADDRESS	~~572 SAWGRASS POINT~~ 580 Scrubjay Ln.
CITY-ST-ZIP	~~JUPITER, FL 33458~~
TITLE	D
NAME	RANKOW, DAN
STREET ADDRESS	234 SPARROW POINT
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #