

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90518 027 \*\*\*\*61.25

**DOCUMENT # N47584**

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



Principal Place of Business

**1059 LAKESHORE DR  
JUPITER FL 33458  
US**

Mailing Address

**PO BOX 420  
JUPITER FL 33468**

**11017874**



2. Principal Place of Business

**SAME**

3. Mailing Address

**1059 LAKESHORE DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

City & State

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

**SAME**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | PD                   | <input type="checkbox"/> Delete            |
| NAME           | WEISS, STEVEN        |                                            |
| STREET ADDRESS | 533 PRESERVE POINT N |                                            |
| CITY-ST-ZIP    | JUPITER FL 33458     |                                            |
| TITLE          | VPD                  | <input checked="" type="checkbox"/> Delete |
| NAME           | MURPHY, PHILLIP      |                                            |
| STREET ADDRESS | 505 PHEASANT LANE S  |                                            |
| CITY-ST-ZIP    | JUPITER FL 33458     |                                            |
| TITLE          | SD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | FRAZER, JOHN         |                                            |
| STREET ADDRESS | 522 PHEASANT LANE N  |                                            |
| CITY-ST-ZIP    | JUPITER FL 33458     |                                            |
| TITLE          | TD                   | <input type="checkbox"/> Delete            |
| NAME           | DIRENZO, DANIEL      |                                            |
| STREET ADDRESS | 508 PELICAN LANE N   |                                            |
| CITY-ST-ZIP    | JUPITER FL 33458     |                                            |
| TITLE          | SD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | MISKOVICH, PETER     |                                            |
| STREET ADDRESS | 387 MAHOGANY PT      |                                            |
| CITY-ST-ZIP    | JUPITER FL 33458     |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |                                                                                         |
|----------------|----------------------------|-----------------------------------------------------------------------------------------|
| TITLE          | <b>SAME</b>                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                            |                                                                                         |
| STREET ADDRESS |                            |                                                                                         |
| CITY-ST-ZIP    |                            |                                                                                         |
| TITLE          | <b>PETER MISKOVICH</b>     | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>387 MAHOGANY PT.</b>    |                                                                                         |
| STREET ADDRESS | <b>VPD</b>                 |                                                                                         |
| CITY-ST-ZIP    | <b>JUPITER FL 33458</b>    |                                                                                         |
| TITLE          | <b>SD</b>                  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>CATULLO, DIANE</b>      |                                                                                         |
| STREET ADDRESS | <b>1076 LAKESHORE DR.</b>  |                                                                                         |
| CITY-ST-ZIP    | <b>JUPITER FL 33458</b>    |                                                                                         |
| TITLE          | <b>SAME</b>                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                            |                                                                                         |
| STREET ADDRESS |                            |                                                                                         |
| CITY-ST-ZIP    |                            |                                                                                         |
| TITLE          | <b>MICHAEL BEAUMIER</b>    | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>510 PELICAN LANE NO</b> |                                                                                         |
| STREET ADDRESS | <b>JUPITER FL 33458</b>    |                                                                                         |
| CITY-ST-ZIP    |                            |                                                                                         |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME           |                            |                                                                                         |
| STREET ADDRESS |                            |                                                                                         |
| CITY-ST-ZIP    |                            |                                                                                         |

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:

**SIGNATURE REQUIRED**

**Steven M. Weiss 4/23/03 (561) 575-7676**

CR2E037 (10/02)