

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003604 (6)**

1. Corporation Name

EGRET COVE AT MAPLEWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **2375 S. WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS FL 32714**
Mailing Address: **237 S. WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1993	3a. Date of Last Report 03/06/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3234615	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KLEISLEY, RICHARD N 237 S. WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS FL 32714				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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

SIGNATURE _____ (NOT Registered Agent Signature required when not filing) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)		
TITLE	PTD KLEISLEY, RICHARD N 237 S. WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD BALL, W. ALLEN 237 S. WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/> DELETE	12 NAME	VD WELCH, MARK E 237 S. Westmonte Dr. Suite 111 Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SD DICKINSON, CAROLINE 237 S. WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> DELETE	13 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		<input type="checkbox"/> DELETE	14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	15 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	16 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	17 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	18 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 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 attachment with an address.

SIGNATURE: *[Signature]* DATE: *11/14/96*

CR2E037 (12/95)