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Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra S. Mouradian  
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 32714-4263

3. Date Incorporated or Qualified: 08/10/1993  
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business: 21 4 Harvard Circle, Suite, Apt. #, etc.  
22 City & State: 23 W Palm Beach, FL  
24 Zip: 33409, 25 Country: Palm Beach  
2a. Mailing Address: 26 P.O. Box 6140, Suite, Apt. #, etc.  
27 City & State: 28 Lake Worth, FL  
29 Zip: 33466, 30 Country: Palm Beach

4. FEI Number: 59-3234615  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
KLEISLEY, RICHARD N  
237 S. WESTMONTE DR., SUITE 111  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent  
81 Name: Caroline S. Dickinson  
82 Street Address (P.O. Box Number is Not Acceptable): 4 Harvard Circle  
83 City: West Palm Beach FL  
84 Zip Code: 33409

11. Pursuant to the provisions of Sections 617.0507 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: *Caroline S. Dickinson* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD KLEISLEY, RICHARD N 237 S. WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS FL 32714	1.1 TITLE	VD WELCH, MARK E 4 HARVARD CIRCLE W APLM BEACH, FL 33409
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WELCH, MARK E. 237 S. WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS FL	2.1 TITLE	SD DICKINSON, Caroline S 4 Harvard Circle W Palm Beach, FL 33409
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD DICKINSON, CAROLINE 237 S. WESTMONTE DR., SUITE 111 ALTAMONTE SPRINGS FL 32714	3.1 TITLE	PTD DUNN, THOMAS P 4 HARVARD CIRCLE W PALM BEACH, FL 33409
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

CR2E037 (9/96)