


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90147 021 ****61.25

DOCUMENT # N93000003604

1. Entity Name
 EGRET COVE AT MAPLEWOOD HOMEOWNERS ASSOCIATION, INC.



50040630

Principal Place of Business
 103 EGRET DR
 JUPITER, FL 33458 US

Mailing Address
 PO BOX 1129
 JUPITER, FL 33468-1129 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
 59-3234615

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PIECEWICZ, ALAN
 2015 S.E. ISABELL RD.
 PORT SAINT LUCIE, FL 34952

7. Name and Address of New Registered Agent
 Name: Kathleen A. Gassmann
 Street Address (P.O. Box Number is Not Acceptable):
601-A Pinecrest Circle
 City: Jupiter FL 33458

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 Kathleen A. Gassmann, LCAM Kathleen A. Gassmann 3/20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'HARA, DANIEL 122 SPOONBILL CT. JUPITER, FL 33458	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, ALLEN 118 SPOONBILL COURT JUPITER, FL 33458	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AFT, LARRY 113 EGRET DRIVE JUPITER, FL 33458	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALVORSON, PAT 120 SPOONBILL COURT JUPITER, FL 33458	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSALL, MARY 124 SPOONBILL CT JUPITER, FL 33458	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WSD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frank Smith 110 Spoonbill Ct. Jupiter, FL 33458	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melvin Metot 126 Met Spoonbill Ct. Jupiter, FL 33458	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: BC All 5-28-06 561 595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #