2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90062 027 ****61.25

DOCUMENT # N93000003604

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



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Principal Place of Business 103 EGRET DR JUPITER, FL 33458 US			PO B	Mailing Address PO BOX 1129 JUPITER, FL 33468-1129 US				, 4 1	00 <u></u> 61a	, y, o			
Principal Place of Business - No P.O. Box # 3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03082007	Chg-NP		CR2E0	37 (12/06)	
City & State			City & State					4. FEI Number 59-323			•		pplied For
Zip Country		Country	Zip	Zip Co		ntry		5. Certificate of Status Desi				\$8.75 Ac	Iditional
	6. Name	and Address of Curren	t Registere	d Agent				7. Name and	Address of	New Re	gistered .	Agent	
GASSMAN	NN, KATHI	EEN A				Name					-		
601-A PINECREST CIR JUPITER, FL 33458				Street Address				(P.O. Box Number is Not Acceptable)					
						City					FL	Zip Co	
8. The above the obligat	named entity tions of regist	y submits this statement f ered agent.	or the purp	ose of changing its r	egistere	d office o	r registere	ed agent, or bot	th, in the State	e of Flori	da. Iam	familiar with	, and accept
SIGNATURE .													
OIGHATOTIC .	Signature, lyped	or printed name of registered ager	nt and little ∉ stop	licable. (NOTE:	Registered	Agent signat	ure required	when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.					1				
	_							\$5.00 May B Added to Fees	e			k payable tment of S	
10.	_		IRECTORS							Florid	la Depar	tment of S	State
10.	Due by M	OFFICERS AND D	IRECTORS		ontributio	on.	<u> </u>	Added to Fees	ANGES TO O	Florid FFICER:	la Depar	tment of S	State
TITLE NAME	SD O'HARA, I	OFFICERS AND D	IRECTORS	Trust Fund Co	11. TITLE	on.	<u> </u>	Added to Fees	ANGES TO O	Florid FFICER:	la Depar	tment of S	State N 10
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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 cath; that I am an officer or director of the corporation or the receiver or true 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:

NONTHURE AND TOTAL OR PRINTED WANT OF SIGNING OFFICER OR DIRECTOR

4/12/07 56/29668