2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N93000003604

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

Principal Place of Business	Mailing Address
103 EGRET DR	PO BOX 1129
JUPITER, FL 33458 US	JUPITER, FL 33468-1129 US

DO NOT WRITE IN THIS SPACE

04162008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-3234615	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

GASSMANN, KATHLEEN A
601-A PINECREST CIR
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
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, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CONNELL, PHILLIP
STREET ADDRESS	115 SPOONBILL CT
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	PD
NAME	BYLSMA, JOHN
STREET ADDRESS	131 EGRET DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	TD
NAME	AFT, LARRY
STREET ADDRESS	113 EGRET DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VP
NAME	SMITH, FRANK
STREET ADDRESS	110 SPOONBILL CT
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	METOT, MELVIN
STREET ADDRESS	124 SPOONBILL CT
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80094-003 61.25

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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 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: _____ 4/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #