

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90146 015 ****61.25

DOCUMENT # N93000003604

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

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.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

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
111 EGRET DRIVE
JUPITER FL 33458**

7. Name and Address of New Registered Agent
Name: **ALAN R. PIECEWICZ**
Street Address (P.O. Box Number is Not Acceptable): **2015 S.E. ISABELLE RD.**
City: **PORT ST. LUCIE** FL Zip Code: **34952**

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: *Alan R. Piecewicz* *Alan R. Piecewicz* DATE: **3/17/2003**

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BYLSMA, JOHN STREET ADDRESS: 131 EGRET DRIVE CITY-ST-ZIP: JUPITER FL 33458	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: SEITONE, JANE STREET ADDRESS: 126 SPOCKBILL CT CITY-ST-ZIP: JUPITER FL 33458	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: RUSSO, THOMAS STREET ADDRESS: JUPITER, FL 33458 CITY-ST-ZIP: JUPITER, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: AFT, LARRY STREET ADDRESS: 113 EGRET DRIVE CITY-ST-ZIP: JUPITER FL 33458	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HALVORSON, PAT STREET ADDRESS: 120 SPOONBILL COURT CITY-ST-ZIP: JUPITER FL 33458	<input type="checkbox"/> Delete	TITLE: SD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: PIERSALL, MARY STREET ADDRESS: 124 SPOONBILL CT CITY-ST-ZIP: JUPITER FL 33458	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: POLYER, RALPH STREET ADDRESS: JUPITER, FL 33458 CITY-ST-ZIP: JUPITER, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: JOHNSON, RICK STREET ADDRESS: 155 SPOONBILL CT CITY-ST-ZIP: JUPITER FL 33958	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: *Alan R. Piecewicz* SECRETARY 4-22-03 561-746-4177

CR2E037 (10/02)