

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09039 (1)
1. Corporation Name
EGRET'S COVE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

199 UTOPIA CIRCLE
MERRITT ISLAND FL 32952

199 UTOPIA CIRCLE
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified
05/02/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2198780

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINMAN, JAMES L
1825 S RIVERVIEW DR
MELBOURNE FL

81 Name

MARIE CELLANA

82 Street Address (P.O. Box Number is Not Acceptable)

190 UTOPIA CIRCLE

83

MERRITT ISLAND

84 City

FL

85 Zip Code

32952

11. Pursuant to the provisions of Sections 617.0502 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

Marie Cellana

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME PATTERSON, DAN
STREET ADDRESS 125 UTOPIA CIRCLE
CITY-ST-ZIP MERRITT ISLAND FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME ROBERT PAIGE
1.3 STREET ADDRESS 200 UTOPIA CIRCLE
1.4 CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D ☐ DELETE
NAME FENGEL, JACK
STREET ADDRESS 150 UTOPIA CIRCLE
CITY-ST-ZIP MERRITT ISLAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CELLANA, MARIE
STREET ADDRESS 190 UTOPIA CIRCLE
CITY-ST-ZIP MERRITT ISLAND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Marie Cellana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

(407) 453-7874

Daytime Phone #

CR2E037 (12/95)