

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09039** (1)
1. Corporation Name

EGRET'S COVE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 199 UTOPIA CIRCLE MERRITT ISLAND FL 32952	Mailing Address 199 UTOPIA CIRCLE MERRITT ISLAND FL 32952
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/02/1985	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2198780	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CELLANM, MARIE 190 UTOPIA CIRCLE MERRITT ISLAND FL 32952	
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10. Name and Address of New Registered Agent 81 Name TIMOTHY R. TUGGLE 82 Street Address (P.O. Box Number is Not Acceptable) 150 UTOPIA CIRCLE 83 Merritt Island 84 City FL 85 Zip Code 32952	
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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 in both 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 the obligations of, Section 617.0503, Florida Statutes. SIGNATURE TIMOTHY R. TUGGLE DATE 4-9-98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PAIGE, ROBERT
STREET ADDRESS	200 UTOPIA CIRCLE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HAWKS, DAVID
STREET ADDRESS	145 UTOPIA CIRCLE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CELLANA, MARIE
STREET ADDRESS	190 UTOPIA CIRCLE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TUGGLE, Timothy
1.3 STREET ADDRESS	150 UTOPIA CIRCLE
1.4 CITY-ST-ZIP	Merritt Island FL 32952
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LANE, Mickey
2.3 STREET ADDRESS	220 UTOPIA CIRCLE
2.4 CITY-ST-ZIP	Merritt Island FL 32952
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PERROFF, Ralph
3.3 STREET ADDRESS	155 UTOPIA CIRCLE
3.4 CITY-ST-ZIP	Merritt Island FL 32952
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.
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SIGNATURE: TIMOTHY R. TUGGLE DATE 4-9-98 TELEPHONE 407-455-9708
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CR2E037 (10/97)