02221999-90068-046-$61.25-$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90068 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09039

1. Corporation Name
EGRET'S COVE HOMEOWNER'S ASSOCIATION, INC.

269230 - 90048 - 13

Principal Place of Business	Mailing Address
199 UTOPIA CIRCLE MERRITT ISLAND FL 32952	199 UTOPIA CIRCLE MERRITT ISLAND FL 32952

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/02/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2198780 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TUGGLE, TIMOTHY
150 UTOPIA CIR
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name: BARRY V. GORDON
82 Street Address (P.O. Box Number is Not Acceptable): 245 UTOPIA CIRCLE
83
84 City: MERRITT Island 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: Barry V. Gordon DATE: 3/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Secretary/TREASURER	☐ Change ☒ Addition
NAME	TIMOTHY, TUGGLE		1.2 NAME	BARRY V. GORDON	
STREET ADDRESS	150 UTOPIA CIR		1.3 STREET ADDRESS	245 Utopia CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952		1.4 CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LANE, MICKEY		2.2 NAME		
STREET ADDRESS	220 UTOPIA CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERRONE, RALPH		3.2 NAME		
STREET ADDRESS	155 UTOPIA CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Barry V. Gordon BARRY V. GORDON 1/5/99 407 674 3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #