


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90001 009 ****70.00

DOCUMENT # N09039 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2198780	
5. Certificate of Status Desired				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MANSFIELD, MADELINE 199 UTOPIA CIRCLE MERRITT ISLAND, FL 32952				Name Thomas MCGEE Street Address (P.O. Box Number is Not Acceptable) 199 UTOPIA CIRCLE City MERRITT ISLAND FL Zip Code 32952	
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 Thomas MCGEE ST <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 7-2-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GEE, THOMAS		NAME	FRANK BERGAU	
STREET ADDRESS	160 UTOPIA CIRCLE		STREET ADDRESS	265 UTOPIA CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGAU, FRANK		NAME	GREG PARKER	
STREET ADDRESS	265 UTOPIA CIRCLE		STREET ADDRESS	128 UTOPIA CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D,ST	<input checked="" type="checkbox"/> Delete	TITLE	D,ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSFIELD, MADELINE		NAME	THOMAS MCGEE	
STREET ADDRESS	300 UTOPIA CIRCLE		STREET ADDRESS	160 UTOPIA CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Thomas MCGEE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7-2-06 Daytime Phone # 321-4525839		