

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90028 046 ****61.25

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**

DO NOT WRITE IN THIS SPACE



04162008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2198780

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MC GEE, THOMAS
199 UTOPIA CIRCLE
MERRITT ISLAND, FL 32952**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MC GEE, THOMAS
STREET ADDRESS 160 UTOPIA CIR
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE VD
NAME PARKER, GREG
STREET ADDRESS 125 UTOPIA CIR
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE DST
NAME BURNER, BRUCE
STREET ADDRESS 155 UTOPIA CIR
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #