

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09039

FILED
Jan 24, 2009
Secretary of State

Entity Name: EGRET'S COVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

199 UTOPIA CIRCLE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

199 UTOPIA CIRCLE
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-2198780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BERGAU, FRANCIS
199 UTOPIA CIRCLE
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: FRANCIS BERGAU

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MC GEE, THOMAS
Address: 160 UTOPIA CIR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD () Delete
Name: PARKER, GREG
Address: 125 UTOPIA CIR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DST () Delete
Name: BURNER, BRUCE
Address: 155 UTOPIA CIR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BERGAU, FRANCIS
Address: 265 UTOPIA CIR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD (X) Change () Addition
Name: MC GEE, BARBARA
Address: 160 UTOPIA CIR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DST (X) Change () Addition
Name: HERBECK, MICHELLE
Address: 275 UTOPIA CIR
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE HERBE K

DST

01/24/2009

Electronic Signature of Signing Officer or Director

Date