| MERRITT ISLAND, FL 32952 | | | | |
|--|--|-----------------------------------|---|--------------------|
| Current Mai | ling Address: | | | |
| 199 UTOPIA | | | | |
| MERRITIS | SLAND, FL 32952 | | | |
| FEI Number: 32-0304930 | | Certificate of Status Desired: No | | |
| Name and Address of Current Registered Agent: | | | | |
| FOWLER, NICO 120 UTOPIA CI MERRITT ISLA | | | | |
| The above name | d entity submits this statement for the purpose of changing its reg. | istered office or regis | tered agent, or both, in the State of Fle | orida. |
| | | | | |
| SIGNATURE | | | | 01/30/2015 |
| SIGNATOR | Electronic Signature of Registered Agent | | | 01/30/2015 Date |
| Officer/Dire | Electronic Signature of Registered Agent | | | |
| | Electronic Signature of Registered Agent | Title | PRES | |
| Officer/Dire | Electronic Signature of Registered Agent | Title Name | PRES STIMITS, JASON | |
| Officer/Dire Title | Electronic Signature of Registered Agent ctor Detail : VP | | - | |
| Officer/Dire Title Name | Electronic Signature of Registered Agent ctor Detail : VP FOWLER, NICOLE M 120 UTOPIA CIR | Name | STIMITS, JASON 270 UTOPIA CIR | |
| Officer/Dire Title Name Address | Electronic Signature of Registered Agent ctor Detail : VP FOWLER, NICOLE M 120 UTOPIA CIR | Name Address | STIMITS, JASON 270 UTOPIA CIR | |
| Officer/Dire Title Name Address City-State-Zip: | Electronic Signature of Registered Agent ctor Detail : VP FOWLER, NICOLE M 120 UTOPIA CIR MERRITT ISLAND FL 32952 | Name Address | STIMITS, JASON 270 UTOPIA CIR | |
| Officer/Dire Title Name Address City-State-Zip: Title | Electronic Signature of Registered Agent ctor Detail : VP FOWLER, NICOLE M 120 UTOPIA CIR MERRITT ISLAND FL 32952 DST | Name Address | STIMITS, JASON 270 UTOPIA CIR | |

I hereby 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 all other like empowered.

VP

SIGNATURE: NICOLE M FOWLER

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09039

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

Current Principal Place of Business:

199 UTOPIA CIRCLE

FILED Jan 30, 2015 **Secretary of State** CC1645247529

01/30/2015

Date