

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003604

FILED
Mar 17, 2018
Secretary of State
CC8162947633

Entity Name: EGRET COVE AT MAPLEWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O REALTIME PROPERTY MANAGEMENT OF SOUTH FLORIDA, LLC
140 INTRACOASTAL POINTE DR. SUITE 306
JUPITER, FL 33477

Current Mailing Address:

C/O REALTIME PROPERTY MANAGEMENT OF SOUTH FLORIDA, LLC
140 INTRACOASTAL POINTE DR. SUITE 306
JUPITER, FL 33477 US

FEI Number: 59-3234615

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COPPLE, RYAN ATTY
601 HERITAGE DR. STE 222A
JUPITER, FL 33458 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: RYAN COPPLE

03/17/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name AFT, LARRY
Address C/O REALTIME PROPERTY MANAGEMENT OF SOUTH FLORIDA, LLC
140 INTRACOASTAL POINTE DR. SUITE 306
City-State-Zip: JUPITER FL 33477

Title VP, T
Name BYLSMA, JOHN
Address C/O REALTIME PROPERTY MANAGEMENT OF SOUTH FLORIDA, LLC
140 INTRACOASTAL POINTE DR. SUITE 306
City-State-Zip: JUPITER FL 33477

Title S
Name SMITH, FRANK
Address C/O REALTIME PROPERTY MANAGEMENT OF SOUTH FLORIDA, LLC
140 INTRACOASTAL POINTE DR. SUITE 306
City-State-Zip: JUPITER FL 33477

Title DIRECTOR
Name TANIS, GAIL
Address C/O REALTIME PROPERTY MANAGEMENT OF SOUTH FLORIDA, LLC
140 INTRACOASTAL POINTE DR. SUITE 306
City-State-Zip: JUPITER FL 33477

Title VP
Name CHAVERS, MARC
Address C/O REALTIME PROPERTY MANAGEMENT OF SOUTH FLORIDA, LLC
140 INTRACOASTAL POINTE DR. SUITE 306
City-State-Zip: JUPITER FL 33477

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.

SIGNATURE: LARRY AFT

PRESIDENT

03/17/2018

Electronic Signature of Signing Officer/Director Detail

Date