


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90033 043 ****61.25

DOCUMENT # 768378					
1. Entity Name EGRET POND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business EGRET POND HOA #3 STUART, FL 34994			Mailing Address EGRET POND HOA 1111 SE FEDERAL HWY STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2290118	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONAN, ELIZABETH ESQ 759 S FEDERAL HIGHWAY SUITE 212 STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 D NAME REISMAN, DOROTHY STREET ADDRESS 2501 SW EGRET POND CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PTD NAME SCHWARTZ, JERRY STREET ADDRESS 4180 SW EGRET POND CIRCLE CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		PD TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FISCHLEY, BURTON STREET ADDRESS 2472 SW EGRET POND CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ZIPP, LEONARD STREET ADDRESS 4191 SW EGRET POND CIR CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BALL, DORIS STREET ADDRESS 2627 SW EGRET POND CIR CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME GANGI, MARK STREET ADDRESS 4111 EGRET POND TERR CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		SECRETARY MARK V. GANGI 4111 S.W. EGRET POND TERR. PALM CITY - FLA 34990-2544 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 04-05-08 Daytime Phone #: 772-221-8082					

ATTACHMENT

Δ
SMITH GERALDINE 40071732
2572 SW Egret Pond # 768378
PALM CITY, FL 34990

Δ Addition
GILINA PATRICIA
4111 SW Egret Pond
PALM CITY, FL 34990