2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000000510

1. Entity Name EGRET COVE OF NAPLES HOMEOWNER'S ASSOCIATION, INC.



FILED

Mar 03, 2008 8:00 am Secretary of State

03-03-2008 90209 035 ****61.25

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Principal Place of Business 3045 OLDE COVE WAY NAPLES, FL 34119			Mailing Address 3045 OLDE COVE WAY NAPLES, FL 34119					400	37440				
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Z. Principai P	Tace of Busine	3SS - NO P.O. BUX #	3. Mai	ning Address				: K#4 k# 167 160	'I AMELL MAIN MARIE AMEL	it a b ini Jeb iti		JIM EI IEUT	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02282008 (Chg-NP	CR2E	037 (12/06)		
City & Stat	y & State Country		Ci	ty & State				4. FEI Number 59-36693	81			plied For t Applicable	
Zip	Zip Country		Zij	Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name :	and Address of Curren	t Registere	ed Agent				7. Name and Ad	dress of New R	legistered	Agent		
DAMIN I	OCEDILE		··			Name			•		, ,		
PAVLIK, JOSEPH F 3045 OLDE COVE WAY NAPLES, FL 34119							Street Address (P.O. Box Number is Not Acceptable)						
·						City					Zip Code		
						<u> </u>				F	<u> </u>		
	named entity tions of registe	submits this statement f ired agent.	for the purp	oose of changing its	s register	ed office or	register	ed agent, or both, i	in the State of Flo	orida. Iaz	m familiar with,	and accept	
SIGNATURE	Signature, typed o	r printed name of registered ager	nt and title if app	plicable. (NOT	E: Registere	d Agenit signatur	ne required	when reinstating)		DATE	<u> </u>		
				<u> </u>									
Filing Fee Is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND DI			RECTORS 11			/	ADDITIONS/CHAN	GES TO OFFICE	RS AND	DIRECTORS IN	10	
TITLE	l PD			Delete	TITL						□ Change	☐ Addition	
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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 of 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 alfother like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR