

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000510

FILED  
Feb 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3045 OLDE COVE WAY  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

3045 OLDE COVE WAY  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 59-3669381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAVLIK, JOSEPH F  
3045 OLDE COVE WAY  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SNYDER, WILLIAM  
Address: 3052 OLDE COVE WAY  
City-St-Zip: NAPLES, FL 34119

Title: STD ( ) Delete  
Name: PAVLIK, JOSEPH  
Address: 3045 OLDE COVEWAY  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: FOSTER, REBECCA  
Address: 3028 OLDE COVE WAY  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH PAVLIK

STD

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date