

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00407

FILED
Apr 26, 2007
Secretary of State

Entity Name: EGRET TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

289 AQUARINA BOULEVARD
MELBOURNE BCH, FL 32951

New Principal Place of Business:

Current Mailing Address:

2681 LONGWOOD BLVD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 59-2444954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVESQUE, PAUL
274 AQUARINA BLVD.
MELBOURNE BEACH, FL 32951 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: DV () Delete
Name: MURPHY, WILLIAM
Address: 260 AQUARINA BOULEVARD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DT () Delete
Name: NIEBUR, ROBERT
Address: 284 AQUARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: DP () Delete
Name: LEVESQUE, PAUL
Address: 274 AQUARINA BOULEVARD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S () Delete
Name: HAUNS, LINDA
Address: 286 AQUARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: MCALLISTER, MICHAEL
Address: 256 AQUARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: BOWER, JAMES
Address: 276 AQUARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

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:

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

Title: D (X) Change () Addition
Name: JELLETT, BETTY
Address: 272 AQUARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

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: PAUL LEVESQUE

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date