

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

0039322

DOCUMENT # N01000003086

03-03-2002 90124 011 ****61.25

1. Entity Name
EGRET POINTE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
2020 CLUBHOUSE DRIVE 2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3720928 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR.
BONITA SPRINGS FL 34134

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	BEYER, R.C. JR	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NELSON, GARY	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	RILEY, JAMES T	
STREET ADDRESS	2020 CLUBHOUSE DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIANCO, SANDRA	
STREET ADDRESS	1317 MISTY GREENS DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL. 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Date: 1/5/02 Daytime Phone#: 813-421-1500

CR2E037 (9/01)