
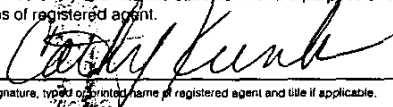
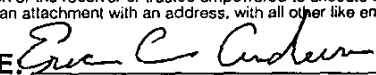


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90284 021 \*\*\*\*61.25

**50023330**

DOCUMENT # N01000003086			
1. Entity Name EGRET POINTE PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573		Mailing Address 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KUREK, CATHY 2020 CLUBHOUSE DR. SUN CITY CENTER, FL 33573		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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	DVP <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTON, MIKE	NAME	ANDERSON, ERIC
STREET ADDRESS	1349 MISTY GREENS DR.	STREET ADDRESS	1337 MISTY GREENS DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	DS <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, JOHN	NAME	KOENIG, JOHN
STREET ADDRESS	1351 MISTY GREENS DR	STREET ADDRESS	1351 MISTY GREEN DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIANCO, SANDRA	NAME	STEPHANEK, JOSEPH
STREET ADDRESS	1317 MISTY GREENS DRIVE	STREET ADDRESS	1345 MISTY GREENS DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	DT <input type="checkbox"/> Delete	TITLE	
NAME	CROSS, MAYNARD	NAME	
STREET ADDRESS	1316 MISTY GREENS DR	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTHER, PHYLLIS	NAME	WINTHER, PHYLLIS
STREET ADDRESS	1339 MISTY GREENS DR.	STREET ADDRESS	1339 MISTY GREENS DR.
CITY-ST-ZIP	SUN CITY CENTER, FL 38573	CITY-ST-ZIP	SUN CITY CENTER, FL. 33573
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 		Eric C ANDERSON - President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-15-05	
		Daytime Phone # 813-633-9643	

