

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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		Country			
6. Name and Address of Current Registered Agent KUREK, CATHY 2020 CLUBHOUSE DR. SUN CITY CENTER, FL 33573					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 <i>Cathy Kurek</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NORTON, MIKE <input checked="" type="checkbox"/> Delete 1349 MISTY GREENS DR. SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KOENIG, JOHN <input type="checkbox"/> Delete 1351 MISTY GREENS DR SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIANCO, SANDRA <input checked="" type="checkbox"/> Delete 1317 MISTY GREENS DRIVE SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROSS, MAYNARD <input type="checkbox"/> Delete 1316 MISTY GREENS DR SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTHER, PHYLLIS <input type="checkbox"/> Delete 1339 MISTY GREENS DR. SUN CITY CENTER, FL 33573				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDERSON, ERIC 1337 MISTY GREENS DR. SUN CITY CENTER, FL 33573					
VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KOENIG, JOHN 1351 MISTY GREEN DR. SUN CITY CENTER, FL 33573					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEPHANEK, JOSEPH 1345 MISTY GREENS DR. SUN CITY CENTER, FL 33573					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WINTHER, PHYLLIS 1339 MISTY GREENS DR. SUN CITY CENTER, FL 33573					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 <i>Eric C Anderson</i> ERIC C ANDERSON - President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3-15-05 Daytime Phone # 813-633-9643					