




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90239 046 ****61.25

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 409 E. College Ave		3. Mailing Address P.O. Box 1058	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ruskin, FL		City & State Ruskin, FL	
Zip 33570	Country	Zip 33575	Country
6. Name and Address of Current Registered Agent KUREK, GATHY 2020 CLUBHOUSE DR. SUN CITY CENTER, FL 33573		7. Name and Address of New Registered Agent Name: <u>Low Ellen Wilson</u> Street Address (P.O. Box Number is Not Acceptable): <u>409 E. College Ave</u> City: <u>Ruskin</u> FL Zip Code: <u>33570</u>	
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: <u>3/10/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, ERIC 1337 MISTY GREENS DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>0/s</u> George Grosskopf 1348 Misty Greens Dr. Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOENIG, JOHN 1351 MISTY GREENS DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>0</u> Liz Foster 1318 Misty Greens Dr. Sun City Center, FL 33575 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHANEK, JOSEPH 1345 MISTY GREENS DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>0/VP</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROSS, MAYNARD 1316 MISTY GREENS DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINTHER, PHYLLIS 1339 MISTY GREENS DR. SUN CITY CENTER, FL 38573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 my address, with all other like empowered.			
SIGNATURE: 		DATE: <u>3/8/06</u> (813) 645-1529 Daytime Phone #	
ERIC ANDERSON			