

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90817 016 ****61.25

DOCUMENT # N01000003086					
1. Entity Name EGRET POINTE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 409 E. COLLEGE AVE RUSKIN, FL 33570			Mailing Address P.O. BOX 1058 RUSKIN, FL 33575		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3720928	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, LOU ELLEN 49 E. COLLEGE AVE RUSKIN, FL 33570			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D/S GROSSKROP, GEORGE 1348 MISTY GREENS DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete	D FRED QUINN 1315 MISTY GREENS DR. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
D/V STEPHANEK, JOSEPH 1345 MISTY GREENS DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	D/T DAVID GINIVAN 1352 MISTY GREENS DR. SUN CITY CENTER, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
DT CROSS, MAYNARD 1316 MISTY GREENS DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	D/VP FOSTER, LIZ 1318 MISTY GREEB DR SUN CITY CENTER, FL 33575	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D FOSTER, LIZ 1318 MISTY GREEB DR SUN CITY CENTER, FL 33575	<input type="checkbox"/> Delete	D/VP FOSTER, LIZ 1318 MISTY GREEB DR SUN CITY CENTER, FL 33575	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
D FOSTER, LIZ 1318 MISTY GREEB DR SUN CITY CENTER, FL 33575	<input type="checkbox"/> Delete	D/VP FOSTER, LIZ 1318 MISTY GREEB DR SUN CITY CENTER, FL 33575	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
D FOSTER, LIZ 1318 MISTY GREEB DR SUN CITY CENTER, FL 33575	<input type="checkbox"/> Delete	D/VP FOSTER, LIZ 1318 MISTY GREEB DR SUN CITY CENTER, FL 33575	<input checked="" 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 an address, with all other like empowered.					
SIGNATURE:			2/20/07 (813) 645-1569		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
ERIC ANDERSON					