


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 # N0100003086					
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		4. FEI Number 59-3720928	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, LOU ELLEN 49 E. COLLEGE AVE RUSKIN, FL 33570			7. Name and Address of New Registered Agent		
			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 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, ERIC		NAME		
STREET ADDRESS	1337 MISTY GREENS DR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	D/S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROSSKROP, GEORGE		NAME		
STREET ADDRESS	1348 MISTY GREENS DR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEPHANEK, JOSEPH		NAME	<i>D Fred Quinn</i>	
STREET ADDRESS	1345 MISTY GREENS DR		STREET ADDRESS	<i>1315 Misty Greens Dr.</i>	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	<i>Sun City Center, FL 33573</i>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CROSS, MAYNARD		NAME	<i>DAVID GINIVAN</i>	
STREET ADDRESS	1316 MISTY GREENS DR		STREET ADDRESS	<i>1352 Misty Greens Dr.</i>	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	<i>Sun City Center, FL 33573</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, LIZ		NAME	<i>D/VP</i>	
STREET ADDRESS	1318 MISTY GREEB DR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33575		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>Eric C Anderson</i>			Date: <i>2/20/07</i> (813) 645-1569		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ERIC ANDERSON					