

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003086

FILED
Apr 24, 2009
Secretary of State

Entity Name: EGRET POINTE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

409 E. COLLEGE AVE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1058
RUSKIN, FL 33575

New Mailing Address:

FEI Number: 59-3720928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LOU ELLEN
49 E. COLLEGE AVE
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, ERIC
Address: 1337 MISTY GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D/S () Delete
Name: GROSSKROP, GEORGE
Address: 1348 MISTY GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: QUINN, FRED
Address: 1315 MISTY GREENS DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DT () Delete
Name: GINIVAN, DAVID
Address: 1352 MISTY GREENS DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: DVP () Delete
Name: FOSTER, LIZ
Address: 1318 MISTY GREEB DR
City-St-Zip: SUN CITY CENTER, FL 35575

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NORTON, MIKE
Address: 1349 MISTY GREENS DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JACKSON, JOHN
Address: 1326 MISTY GREENS DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH FOSTER

VP

04/24/2009

Electronic Signature of Signing Officer or Director

Date