## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 16, 2006 8:00 am Secretary of State

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DOCUMENT # N0300008515  1. Entity Name EGRET COVE NEIGHBORHOOD ASSOCIATION, INC.							0035 044 ***		
	MENT ASSOCIATES, INC LAKE BLVD SUITE 309	Mailing Address GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463		60016481 (5/1)					
2. Principal Place of Business		3. Mailing Address			<b>  1   1</b>   1   1   1   1   1   1   1   1				ii
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172006 Ch	3-NP	CR2E037 (11	/05)	
City & State		City & State			4. FEI Number 20-0341469	)			plied For Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired	□ \$8.7 Fee R	5 Add equired	itional
	6. Name and Address of Current R	legistered Agent	1		7. Name and Addr	ess of New R	egistered Agent		
<b></b> .		Name -	7					00	
GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD SUITE 309  LAKE WORTH, FL 33463  City Do Do Box Mumber is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Attention of the Street Address (P.O. Bbx Number is Not Associated and Attention of the Street Attention of the Str							16, E		
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 Signature typed debritted 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, 2006  9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be Added to Fees	Flor	ake check paya ida Department	of St	ate
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICE	RS AND DIRECTO	ORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP DALY, JOHN 9673 GREAT EGRET COURT WEST PALM BEACH, FL 33411	Ø Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V)	Egger	chol t cho	as of Last	hange 34	
TITLE	P	□ Delete	TITLE		51 10010			hange	Addition
NAME	KATZ, LEONARD	00.00	NAME						
STREET ADDRESS	9673 GREAT EGRET COURT		STREET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	:	CITY-ST-ZIP						
TITLE .	1VP	Delete	TITLE				c	hanoe	Addition
NAME	FITZGERALD, HELEN		NAME				_	•	- ,
STREET ADDRESS	9647 GREAT EGRET COVE		STREET ADDRESS		_				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		_				
TITLE	Т	☐ Delete	TITLE				<u> </u>	hange	Addition
NAME	ARIAS, MICHAEL		NAME						
STREET ADDRESS	9735 EGRET CHASE LANE		STREET ADDRESS		•				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP						1
TITLE	s	☐ Delete	TITLE				c	nange	☐ Addition
NAME	GABOWITZ, BONNIE J		NAME				-	•	
STREET ADDRESS	2291 EGRET COVE DRIVE		STREET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP					•	
TITLE		☐ Delete	TITLE				· 🗆 cı	hange	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-7IP	1		CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or experimental 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that dry name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a softeness.

SIGNATURE

DUMAN H. LATZ

6 56-333-504