

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90059 011 ****61.25

DOCUMENT # N03000008515

1. Entity Name
EGRET COVE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463

Mailing Address
GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463

4000 -



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

01042007 Chg-NP

CR2E037 (12/06)

4. FEI Number
20-0341469

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEVINE, STEVEN J P.A.
LEVINE, BURR, ATTORNY'S
3300 PGA BLVD STE 530
PALM BEACH GARDENS, FL 33410

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

Signature, typed or printed 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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	2VP	<input type="checkbox"/> Delete
NAME	CIFUNI, NICHOLAS	
STREET ADDRESS	9715 EGRET CHASE LN	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	P	<input type="checkbox"/> Delete
NAME	KATZ, LEONARD	
STREET ADDRESS	9673 GREAT EGRET COURT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, HELEN	
STREET ADDRESS	9647 GREAT EGRET COVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ARIAS, MICHAEL	
STREET ADDRESS	9735 EGRET CHASE LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	GABOWITZ, BONNIE J	
STREET ADDRESS	2291 EGRET COVE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TO MOSS, Carol	
STREET ADDRESS	9643 Great Egret Ct	
CITY-ST-ZIP	West Palm Bch FL 33411	
TITLE	1VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fitzgerald, Peter	
STREET ADDRESS	9647 Great Egret Ct	
CITY-ST-ZIP	West Palm Bch FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Carol H. Moss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL H. MOSS

Date

2/14/07 361-333-5091

Daytime Phone #