

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90007 050 \*\*\*\*61.25

<b>DOCUMENT # N03000008515</b>					
<b>1. Entity Name</b> EGRET COVE NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463			<b>Mailing Address</b> GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0341469	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEVINE, STEVEN J P.A. LEVINE, BURR, ATTORNY'S 3300 PGA BLVD STE 530 PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> CEFUNI, NICHOLAS 9715 EGRET CHASE LN WEST PALM BEACH, FL 33411 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	1st V.P. Jerome Cellora 9060 Egret Chase Lane West PALM BEACH, FL 33411 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P KATZ, LEONARD 9673 GREAT EGRET COURT WEST PALM BEACH, FL 33411 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	2nd V.P. Curt Levitan 9090 Egret Chase Lane West PALM BEACH, FL 33411 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD MOSS, CAROL 9643 GREAT EGRET CT. WEST PALM BEACH, FL 33411 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T ARIAS, MICHAEL 9735 EGRET CHASE LANE WEST PALM BEACH, FL 33411 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S GABOWITZ, BONNIE J 2291 EGRET COVE DRIVE WEST PALM BEACH, FL 33411 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	1VPD FITZGERALD, PETER 9647 GREAT EGRET CT. WEST PALM BEACH, FL 33411 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
<b>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.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">2-1-08</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					