

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008515

FILED
Mar 30, 2009
Secretary of State

Entity Name: EGRET COVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0341469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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: 2VP () Delete
Name: CIFUNI, NICHOLAS
Address: 9715 EGRET CHASE LN
City-St-Zip: WEST PALM BEACH, FL 33411

Title: 1VP () Delete
Name: CELLORA, JEROME
Address: 9660 EGRET CHASE LANE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD () Delete
Name: MOSS, CAROL
Address: 9643 GREAT EGRET CT.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: CELLORA, JEROME
Address: 9660 EGRET CHASE LANE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S () Delete
Name: GABOWITZ, BONNIE J
Address: 2291 EGRET COVE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CIFUNI, NICHOLAS
Address: 9715 EGRET CHASE LN
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VPD (X) Change () Addition
Name: CELLORA, JEROME
Address: 9660 EGRET CHASE LANE
City-St-Zip: WEST PALM BEACH, FL 33411

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

Title: VP2D (X) Change () Addition
Name: LEVITAN, CURT
Address: 9660 EGRET CHASE LANE
City-St-Zip: WEST PALM BEACH, FL 33411

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: NICHOLAS CIFUNI

DP

03/30/2009

Electronic Signature of Signing Officer or Director

Date