2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N03000008515

Entity Name: EGRET COVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

3900 WOODLAKE BLVD STE 309
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

3900 WOODLAKE BLVD STE 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:

POSNER, MICHAEL J ESQ
4420 BEACON CIR STE 100
W PALM BEACH, FL 33407 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: DP
Name: CIFUNI, NICHOLAS
Address: 3900 WOODLAKE BLVD SUITE 309
City-St-Zip: LAKE WORTH, FL 33463

Title: D
Name: DALY, JOHN
Address: 3900 WOODLAKE BLVD SUITE 309
City-St-Zip: LAKE WORTH, FL 33463

Title: TD
Name: MOSS, CAROL
Address: 3900 WOODLAKE BLVD SUITE 309
City-St-Zip: LAKE WORTH, FL 33463

Title: SD
Name: ELEK, MICHELE
Address: 3900 WOODLAKE BLVD SUITE 309
City-St-Zip: LAKE WORTH, FL 33463

Title: VPD
Name: ZELLEA, MYRON
Address: 3900 WOODLAKE BLVD SUITE 309
City-St-Zip: LAKE WORTH, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: NICHOLAS CIFUNI DP 01/05/2012

Electronic Signature of Signing Officer or Director Date