


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90222 010 ****61.25

DOCUMENT # N03000009746					
1. Entity Name EGRET LANDING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1731 NW 6TH ST SUITE A GAINESVILLE, FL 32609			Mailing Address PO BOX 14506 GAINESVILLE, FL 32604		
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		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ED BAU MANAGEMENT, INC D/B/A FLORIDA COMMUNITY MANAGEMENT C/O WESTON BAUR 1731 NW 6TH ST, STE A GAINESVILLE, FL 32609				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, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWLER, WILLIAM F			NAME	
STREET ADDRESS	3911 W ANGELES ST			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOSEPH M			NAME	
STREET ADDRESS	6801 LAKE WORTH RD., #127			STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	VP-S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBER, BRUCE			NAME	
STREET ADDRESS	2350 BRANDON DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33803			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAILEY, RICK			NAME	
STREET ADDRESS	PO BOX 172			STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, GA 30527			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROY			NAME	
STREET ADDRESS	4482 GREEN ISLAND RD			STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA, GA 31602			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Joseph M. Lee</i>		JOSEPH LEE		4/22/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	