

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90065 034 \*\*\*\*61.25

**DOCUMENT # N20853**

1. Entity Name  
**EGRET ISLE MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business  
**5480 EGRET ISLE TERRACE  
LAKE WORTH, FL 33467 US**

Mailing Address  
**5480 EGRET ISLE TRAIL  
LAKE WORTH, FL 33467 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0085366**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHOMSKY, BARBARA  
5566 EGRET ISLE TRAIL  
LAKE WORTH, FL 33467**

Name  
**Anthony W. Belcher**

Street Address (P.O. Box Number is Not Acceptable)

**8645 Egret Isle Terrace**

City **Lake Worth**

**FL**

Zip Code  
**33467**

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 **Anthony W. Belcher**  
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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **CHOMSKY, BARBARA**  
STREET ADDRESS **5566 EGRET ISLE TRAIL**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D** ☒ Change ☐ Addition  
NAME **Chomsky, Barbara**  
STREET ADDRESS **5566 Egret Isle Trail**  
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **VD** ☒ Delete  
NAME **RABAN, BRENT**  
STREET ADDRESS **8724 EGRET ISLE TERRACE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **P** ☐ Change ☒ Addition  
NAME **Kake, Andris**  
STREET ADDRESS **5507 Egret Isle Trail**  
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **TD** ☐ Delete  
NAME **BELCHER, ANTHONY**  
STREET ADDRESS **8645 EGRET ISLE TERRACE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D** ☐ Change ☐ Addition  
NAME **Frank DiCarlo**  
STREET ADDRESS **8818 Egret Isle Point**  
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **SD** ☐ Delete  
NAME **ANTHONY, NANCY**  
STREET ADDRESS **8760 EGRET ISLE TERR**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RABAN, WENDY**  
STREET ADDRESS **8657 EGRET ISLE TERRACE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Raban, Wendy**  
STREET ADDRESS **8657 Egret Isle Terrace**  
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **D** ☐ Delete  
NAME **LEVENSTEIN, STANLEY**  
STREET ADDRESS **5665 EGRET ISLE TRAIL**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ 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: **Anthony W. Belcher** **Anthony W. Belcher** 1-26-06 561-432-1254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #