2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-05-2007 90072 045 ****61.25

DOCUMENT # N20853

1. Entity Name
EGRET ISLE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5480 EGRET ISLE TERRACE LAKE WORTH, FL 33467 US	5480 EGRET ISLE TRAIL LAKE WORTH, FL 33467 US

02012007 Chg-NP CR2E037 (12/08)

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

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
BELCHER, ANTHONY W 8645 EGRET ISLE TERR LAKE WORTH, FL 33467	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOMSKY, BARBARA 5566 EGRET ISLE TRAIL LAKE WORTH, FL 33467	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VACCA, Patricia 5534 Egret Isle Trail Lake Worth, FL 33467	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAKE, ANDRIA 5507 EGRET ISLE TRL LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KAKE,Andris 5507 Egret Isle Trail Lake Worth, FL 33467	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BELCHER, ANTHONY 8645 EGRET ISLE TERRACE LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELGADO,Mario 5535 Egret Isle Trail Lake Worth, FL 33467	☐ Change X ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANTHONY, NANCY 8780 EGRET ISLE TERR LAKE WORTH, FL 33467	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RABAN, WENDY 8657 EGRET ISLE TERR LAKE WORTH, FL 33467	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVENSTEIN, STANLEY 5665 EGRET ISLE TRAIL LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEVENSTEIN, Stanley 5665 Egret Isle Trail Lake Worth, FL 33467	■ Change ☐ Addition

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 Feb. 16, 2007 561-432-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #