

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20853

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5480 EGRET ISLE TERRACE  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

5480 EGRET ISLE TRAIL  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

5480 EGRET ISLE TERRACE  
LAKE WORTH, FL 33467 US

**FEI Number:** 65-0085366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELCHER, ANTHONY W  
8645 EGRET ISLE TERR  
LAKE WORTH, FL 33467 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: SD  
Name: SCHOTT, BIRTHE  
Address: 5506 EGRET ISLE TRAIL  
City-St-Zip: LAKE WORTH, FL 33467

Title: PD  
Name: BROWN, MARTIN  
Address: 552 EGRET ISLE TRAIL  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD  
Name: BELCHER, ANTHONY W  
Address: 8645 EGRET ISLE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD  
Name: SCIANDRA, BARBARA  
Address: 5581 EGRET ISLE TRAIL  
City-St-Zip: LAKE WORTH, FL 33467

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: ANTHONY W. BELCHER

TD

04/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date