## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29564

FILED Mar 10, 2004 Secretary of State

Entity Name: EGRETS WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ET'S WALK PARK, FL 320	003 US		
Current M	lailing Addres	ss:	New Mailing Address	s:
	TS WALK PARK, FL 320	003		
FEI Number	: 59-2964013	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and Address o	of New Registered Agent:
LOVING, [				
	TS WALK PARK, FL 320	003 US		
ORANGE The above	PARK, FL 320		ourpose of changing its registere	d office or registered agent, or both,
ORANGE The above	PARK, FL 320 named entity e of Florida.		ourpose of changing its registered	d office or registered agent, or both,
ORANGE The above n the State	PARK, FL 320 named entity e of Florida. RE:			d office or registered agent, or both,  Date
ORANGE The above n the State SIGNATUI	PARK, FL 320 named entity e of Florida. RE:	submits this statement for the pair is state	ent	
ORANGE The above n the State SIGNATUI	PARK, FL 320 named entity of Florida.  RE: Electron S AND DIREC	submits this statement for the pair of the pair of Registered Age TORS:  Delete USAN WALK	ent	Date
ORANGE The above n the State SIGNATUI  OFFICER: Vitte: Vame: Address:	PARK, FL 320 named entity of Florida.  RE: Electron S AND DIREC SD ( SWENSON, SL 241 EGRETS N ORANGE PARI	submits this statement for the particles of Registered Agentors:  Delete JSAN VALK C, FL  Delete TE VALK	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DOTTIE LOVING TD 03/10/2004