

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29564

FILED
May 05, 2008
Secretary of State

Entity Name: EGRETS WALK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

241 EGRET'S WALK
ORANGE PARK, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

275 EGRETS WALK
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 59-2964013 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOVING, DOTTIE
275 EGRETS WALK
ORANGE PARK, FL 32003 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 () Delete
Name: SWENSON, SUSAN
Address: 241 EGRETS WALK
City-St-Zip: ORANGE PARK, FL

Title: TD () Delete
Name: LOVING, DOTTIE
Address: 275 EGRETS WALK
City-St-Zip: ORANGE PARK, FL

Title: PD () Delete
Name: VENISKEY, ROBERT
Address: 267 EGRETS WALK
City-St-Zip: ORANGE PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SWENSON, SUSAN
Address: 241 EGRETS WALK
City-St-Zip: ORANGE PARK, FL 32003

Title: TD (X) Change () Addition
Name: LOVING, DOTTIE
Address: 275 EGRETS WALK
City-St-Zip: ORANGE PARK, FL 32003

Title: PD (X) Change () Addition
Name: VENISKEY, ROBERT
Address: 267 EGRETS WALK
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

05/05/2008

Electronic Signature of Signing Officer or Director

Date