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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50721 (2)

1. Corporation Name
EGRET POINTE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6065 BRIGHTWATER TER. BOYNTON BEACH FL 33437	6065 BRIGHTWATER TER. BOYNTON BEACH FL 33437-4135

3. Date Incorporated or Qualified: 09/03/1992
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business	2a. Mailing Address
21 6041 BrightWater	26 6041 Brightwater
22 Suite, Apt. #, etc. TERRACE	27 Suite, Apt. #, etc. Terrace
23 City & State BOYNTON BEACH FL	28 City & State Boynton Beach FL
24 Zip 33437 25 Country USA	29 Zip 33437 30 Country USA

4. FEI Number: 65-0388360 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANIELS, STEVEN 801 YAMATO RD., #4180 BOCA RATON FL 33431	81 Name ROBERT BURR 82 Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO ROAD #4150 83 84 City BOCA RATON FL 85 Zip Code 33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Robert B. Burr ROBERT B. BURR 2-4-97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	D'ADDARIO, MERLE		1.2 NAME	MARGOLIS, JOSEPH	
STREET ADDRESS	1690 S. CONGRESS AVE.		1.3 STREET ADDRESS	6065 Brightwater Terrace	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	Boynton Beach FL 33437-4135	
TITLE	DV	☒ DELETE	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	LEVY, JOANN		2.2 NAME	WINOGRAD, ALBERT	
STREET ADDRESS	1690 S. CONGRESS AVE.		2.3 STREET ADDRESS	6149 Brightwater Terrace	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	Boynton Beach FL 33437-4135	
TITLE	DST	☒ DELETE	3.1 TITLE	DST	☒ Change ☐ Addition
NAME	DAVIS, ELLIOT		3.2 NAME	FORMAN, PAUL	
STREET ADDRESS	1690 S. CONGRESS AVE.		3.3 STREET ADDRESS	6088 Brightwater Terrace	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	Boynton Beach, FL 33437-4135	
TITLE	AST	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NUNEZ, ANTONIO		4.2 NAME		
STREET ADDRESS	1690 S CONGRESS AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, RICHARD D		5.2 NAME		
STREET ADDRESS	1690 S. CONGRESS AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Joseph Margolis Pres. Joseph Margolis 561-499-1688