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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50721

1. Corporation Name

EGRET POINTE ASSOCIATION, INC.

* 4 2 6 9 9 0 - 9 0 0 6 1 - 2 1 *

Principal Place of Business
**6041 BRIGHTWATER TERRACE
BOYNTON BEACH FL 33437
US**

Mailing Address
**6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

09/03/1992

22 City & State

27 City & State

4. FEI Number
65-0388360

Applied For
Not Applicable

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWATT, MYRON I
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487**

81 Name
82 Street Address (P.O. Box: Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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

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	<input checked="" type="checkbox"/> DELETE
NAME	MARGOLIS, JOSEPH	
STREET ADDRESS	6065 BRIGHTWATER TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WINOGRAD, ALBERT	
STREET ADDRESS	6149 BRIGHTWATER TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORMAN, PAUL	
STREET ADDRESS	6088 BRIGHTWATER TERRACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SCHURMAN, M	
STREET ADDRESS	6160 BRIGHTWATER TERR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	DVPS	<input checked="" type="checkbox"/> DELETE
NAME	WEINBERG, J	
STREET ADDRESS	6112 BRIGHTWATER TERR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PINKIERT, E	
STREET ADDRESS	6053 BRIGHTWATER TERR	
CITY-ST-ZIP	BOYNTON BCH FL	

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Siegel, Paul	
1.3 STREET ADDRESS	10106 BRIGHTWATER TERR.	
1.4 CITY-ST-ZIP	BOYNTON Bch, FL	
2.1 TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wagner, Sidney	
2.3 STREET ADDRESS	10100 BRIGHTWATER TERR.	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Forman, Paul	
3.3 STREET ADDRESS	6100 BRIGHTWATER TERR.	
3.4 CITY-ST-ZIP	BOYNTON Bch, FL	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gerry Joffe	
4.3 STREET ADDRESS	6107 BRIGHTWATER TERR.	
4.4 CITY-ST-ZIP	BOYNTON Bch, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ed Pinhart	
6.3 STREET ADDRESS	6053 BRIGHTWATER TERR.	
6.4 CITY-ST-ZIP	BOYNTON Bch, FL	

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)