

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90285 027 ****61.25

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03242005 Chg-NP CR2E037 (10/03)

DOCUMENT # N50721					
1. Entity Name EGRET POINTE ASSOCIATION, INC.					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0388360	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWATT, MYRON I 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487				Name <u>CAS Management</u> Street Address (P.O. Box Number is Not Acceptable) <u>951 Broken Sound PKWY</u> <u>Suite 250</u> City <u>Boca Raton</u> FL Zip Code <u>33487</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> DATE <u>4-14-05</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, PAUL		NAME		
STREET ADDRESS	6106 BRIGHTWATER TERR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEINBERG, JOSEPH		NAME	<u>IRV ZELLEN</u>	
STREET ADDRESS	6112 BRIGHTWATER TERRACE		STREET ADDRESS	<u>6124 Brightwater Terrace</u>	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	<u>Boynton Beach, FL 33437</u>	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLICKSTEIN, ELLEN		NAME	<u>DP ELLEN GLICKSTEIN GABLER</u>	
STREET ADDRESS	6113 BRIGHTWATER TERRACE		STREET ADDRESS	<u>6113 Brightwater Terrace</u>	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP	<u>Boynton Beach, FL 33437</u>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FORMAN, PAUL		NAME	<u>VAD MARGOLIS, JOE</u>	
STREET ADDRESS	3088 BRIGHTWATER TERRACE		STREET ADDRESS	<u>6065 Brightwater Terrace</u>	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP	<u>Boynton Beach, FL 33437</u>	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORTON, ROSEN		NAME	<u>D ROSEN, MORTON</u>	
STREET ADDRESS	6155 BRIGHTWATER TERRACE		STREET ADDRESS	<u>6155 Brightwater Terrace</u>	
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP	<u>Boynton Beach, FL 33437</u>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<u>DT Silverstein, Jerry</u>	
STREET ADDRESS			STREET ADDRESS	<u>6083 Brightwater Terrace</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>Boynton Beach, FL 33437</u>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> DATE <u>4-14-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					