

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90401 044 ****61.25

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 C.A.S. MANAGEMENT Suite, Apt. #, etc.		3. Mailing Address C.A.S. MANAGEMENT @ CORAL LAKES 12751 EL CLAIRE RANCH RD	
City & State BOYNTON BEACH FL		4. FEI Number 65-0388360	
Zip 33437		Country P.B.C.	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAS MGMT 951 BROKEN SOUND PKWY BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name MELISSA MASQUELIER Street Address (P.O. Box Number is Not Acceptable) C/O CAS @ CORAL LAKES 12751 EL CLAIRE RANCH ROAD City BOYNTON BEACH	
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 <small>Signature, typed or printed name of registered agent and fee if applicable.</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD2 ZELLEN, IRV 6124 BRIGHTWATER TERR BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLICKSTEIN-GABLER, ELLEN 6113 BRIGHTWATER TERR BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELLEN GABLER 6113 BRIGHTWATER TERR. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARGOLIS, JOE 6065 BRIGHTWATER TERR BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, ROSEN 6155 BRIGHTWATER TERRACE BOYNTON BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IRV GORDON 3rd V.P. 6077 BRIGHTWATER TERR. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SILVERSTEIN, JERRY 6083 BRIGHTWATER TERR BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		ELLEN GABLER	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-31-06	
Daytime Phone # 561-498-9751			