

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004859

FILED  
Apr 08, 2004  
Secretary of State

**Entity Name:** EGRET WOODS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7843 SEMINOLE BLVD  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

8200 EGRET WOODS CIRCLE  
SEMINOLE, FL 33776

**New Mailing Address:**

8430 EGRET WOODS CIRCLE  
SEMINOLE, FL 33776

**FEI Number:** 65-0522480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHULER, TIMOTHY C  
7843 SEMINOLE BLVD  
SEMINOLE, FL 33772 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: PD ( ) Delete  
Name: DEKKERS, MARTIN  
Address: 8430 EGRET LANE  
City-St-Zip: SEMINOLE, FL 33776

Title: VPD ( ) Delete  
Name: BUCHLER, MICHAEL  
Address: 8224 EGRET WOODS CIRCLE  
City-St-Zip: SEMINOLE, FL 33776

Title: S ( ) Delete  
Name: BARSHEL, KAREN  
Address: 8558 EGRET LANE  
City-St-Zip: SEMINOLE, FL 33776

Title: TD ( ) Delete  
Name: CHARLOTIN, JEAN  
Address: 8200 EGRET WOODS CIRCLE  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: MITCHELL, STEVE  
Address: 8224 EGRET WOODS CIRCLE  
City-St-Zip: SEMINOLE, FL 33776

Title: S (X) Change ( ) Addition  
Name: MITCHELL, DEBRA  
Address: 8224 EGRET WOODS CIRCLE  
City-St-Zip: SEMINOLE, FL 33776

Title: TD (X) Change ( ) Addition  
Name: CAPITANI, TAMMY  
Address: 8510 EGRET LANE  
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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:** MARTIN DEKKERS

PD

04/08/2004

Electronic Signature of Signing Officer or Director

Date