

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000004859

FILED
Oct 25, 2005
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:

8430 EGRET WOODS CIRCLE
SEMINOLE, FL 33776

New Mailing Address:

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: TIMOTHY SCHULER

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: MITCHELL, STEVE
Address: 8224 EGRET WOODS CIRCLE
City-St-Zip: SEMINOLE, FL 33776

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

10/25/2005

Electronic Signature of Signing Officer or Director

Date