


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000005070

1. Entity Name
 THE EGRET'S PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

5245 U.S. HIGHWAY 19 NORTH 5245 U.S. HIGHWAY 19 NORTH
 NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	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

BORDA, JOSEPH R
 5245 U.S. HIGHWAY 19 NORTH
 NEW PORT RICHEY, FL 34652

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BORDA, JOSEPH R
STREET ADDRESS	2894 WEST BAY DRIVE
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770
TITLE	D
NAME	WIGGIN, LESLI A
STREET ADDRESS	5245 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	MOUNTAIN, MARGARET E
STREET ADDRESS	5245 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/24/05-80047-001 61.25

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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: _____ Date: 2/16/05 Daytime Phone #: 727-849-2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR