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**May 04, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 196000001380  
 1. Corporation Name

EGRETS WALK CONDOMINIUM ASSOCIATION, INC  
IV

Principal Place of Business Mailing Address  
THE CONTINENTAL GROUP 2291 J&C Boulevard  
Naples, FLORIDA 34109

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <u>THE CONTINENTAL GROUP</u>	26 <u>THE CONTINENTAL GROUP</u>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 <u>2291 J&amp;C BVD</u>	27 <u>2291 J&amp;C BVD</u>	<u>US-065-2258</u>
City & State	City & State	Applied For
23 <u>NAPLES, FLORIDA</u>	28 <u>NAPLES, FLORIDA</u>	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired
24 <u>34109</u>	25 <u>USA</u>	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
	29 <u>34109</u>	
	30 <u>USA</u>	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name <u>Scott Beady</u>
	82 Street Address (P.O. Box Number is Not Acceptable) <u>2291 J&amp;C Boulevard</u>
	83 <u>Naples, FLORIDA</u>
	84 City
	85 Zip Code <u>FL 34109</u>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 4.19.99  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>Mr. John Lord. (Pres)</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>1229 Egrets Landing #101</u>	1.2 NAME	
STREET ADDRESS	<u>Naples, Florida 34108</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<u>Mr. Charles Germann</u> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>1229 Egrets Landing #104</u>	2.2 NAME	
STREET ADDRESS	<u>Naples, Florida 34108</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<u>Mr. Kenneth Mathers</u> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>1229 Egrets Landing #102</u>	3.2 NAME	
STREET ADDRESS	<u>Naples, Florida 34108</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<u>Mr. Richard Mulvey</u> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>1109 Egrets Walk Circle #202</u>	4.2 NAME	
STREET ADDRESS	<u>Naples, Florida 34108</u>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<u>Ms. Billie Leiderman</u> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>1101 Egrets Walk Circle #101</u>	5.2 NAME	
STREET ADDRESS	<u>Naples, Florida 34108</u>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John T Lord DATE: 4/19/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATED 7/1/00