	tity Name: THE EGRET'S PLACE CONDOMINIUM ASSOCIATION, INC.		IC.	Secretary of State	
Current Prin 6454 RIDGE RI PORT RICHEY,				CC5036800876	
Current Mai	ling Address:				
PO BOX 140 PORT RICH	)7 EY, FL 34673				
FEI Number	: NOT APPLICABLE		Certificate of	Status Desired: No	
Name and A	ddress of Current Registered Agent:				
SYRASKI, MAR					
6454 RIDGE RI PORT RICHEY					
6454 RIDGE RI PORT RICHEY,		stered office or regis	tered agent, or both, ir	n the State of Florida.	
6454 RIDGE RI PORT RICHEY, The above named	, FL 34668 US	stered office or regis	tered agent, or both, ir	n the State of Florida. 04/12/2018	
6454 RIDGE RI PORT RICHEY, The above named	, FL 34668 US d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, ir		
6454 RIDGE RI PORT RICHEY, The above named	FL 34668 US d entity submits this statement for the purpose of changing its regis E: MARYANN SYRASKI Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, ir	04/12/2018	
6454 RIDGE RI PORT RICHEY, The above named SIGNATURE	FL 34668 US d entity submits this statement for the purpose of changing its regis E: MARYANN SYRASKI Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, ir	04/12/2018	
6454 RIDGE RI PORT RICHEY, The above named SIGNATURE	FL 34668 US d entity submits this statement for the purpose of changing its regis E: MARYANN SYRASKI Electronic Signature of Registered Agent Ctor Detail :			04/12/2018 Date	
6454 RIDGE RI PORT RICHEY, The above named SIGNATURE Officer/Direc Title	FL 34668 US         d entity submits this statement for the purpose of changing its regis         E:       MARYANN SYRASKI         Electronic Signature of Registered Agent         Ctor Detail :         PD	Title	D	04/12/2018 Date	
6454 RIDGE RI PORT RICHEY, The above named SIGNATURE Officer/Dired Title Name	<ul> <li>FL 34668 US</li> <li>d entity submits this statement for the purpose of changing its regis</li> <li>E: MARYANN SYRASKI</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>PD</li> <li>VIERLING, DONALD K</li> <li>PO BOX 1407</li> </ul>	Title Name	D SHELLHAMMER, PO BOX 1407	04/12/2018 Date	
6454 RIDGE RI PORT RICHEY, The above named SIGNATURE Officer/Dired Title Name Address	<ul> <li>FL 34668 US</li> <li>d entity submits this statement for the purpose of changing its regis</li> <li>E: MARYANN SYRASKI</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>PD</li> <li>VIERLING, DONALD K</li> <li>PO BOX 1407</li> </ul>	Title Name Address	D SHELLHAMMER, PO BOX 1407	04/12/2018 Date	
6454 RIDGE RI PORT RICHEY, The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip:	<ul> <li>FL 34668 US</li> <li>d entity submits this statement for the purpose of changing its regis</li> <li>MARYANN SYRASKI</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>PD</li> <li>VIERLING, DONALD K</li> <li>PO BOX 1407</li> <li>PORT RICHEY FL 34673</li> </ul>	Title Name Address	D SHELLHAMMER, PO BOX 1407	04/12/2018 Date	
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2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300005070

I hereby 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 all other like empowered.

SIGNATURE: DONALD VIERLING

PRESIDENT

04/12/2018

FILED Apr 12, 2018

Electronic Signature of Signing Officer/Director Detail