

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001699

**Entity Name:** EGRETS LANDING AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**7284849981CC**

**Current Principal Place of Business:**

%GULF BREEZE MGMT. SVCS., INC.  
8910 TERRENE CT., SUITE 200  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

%GULF BREEZE MGMT. SVCS., INC.  
8910 TERRENE CT., SUITE 200  
BONITA SPRINGS, FL 34135 US

**FEI Number: 59-3569639**

**Certificate of Status Desired: No**

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

WEIDNER, RALPH L  
%GULF BREEZE MGMT. SVCS., INC.  
8910 TERRENE CT., SUITE 200  
BONITA SPRINGS, FL 34135 US

*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

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name EGO, MARLENE K  
Address %GULF BREEZE MGMT. SVCS., INC.  
8910 TERRENE CT., SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY, TREASURER,  
DIRECTOR  
Name COCKRELL, BRIAN L  
Address %GULF BREEZE MGMT. SVCS., INC.  
8910 TERRENE CT., SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT, DIRECTOR  
Name HARKEY, HOLLY  
Address 8910 TERRENE CT., SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

*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: HOLLY HARKEY**

**PRESIDENT**

**05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date