

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 742865

1. Entity Name
THE EGRET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1025 WEST OCEAN DR
P O BOX 510037
KEY COLONY BCH, FL 33051 US**

Mailing Address
**C/O JOSEPH FIORITA JR
146 DEER HILL AVE
DANBURY, CT 06810 US**



02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1896588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FIORITA, JOSEPH A JR
1025 W OCEAN DR
KEY COLONY BCH, FL 33051**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD FUNK, LOUIS JR. 1025 OCEAN DR KEY COLONY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PORTELANCE, RICHRD 1025 OCEAN DR KEY COLONY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STETSON, JACK 1025 WEST OCEAN DR KEY COLONY BCH, FL 00000, 33051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIORITA, JOSEPH A JR 1025 OCEAN DR. KEY COLONY BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0000023/690
02/21/05-80086-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

Joseph A. Fiorita, Jr., Treasurer

2/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #