


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 742865</b> 1. Entity Name THE EGRET CONDOMINIUM ASSOCIATION, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



03092007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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:  DATE: 3/9/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

U00000680272  
04/03/07-80071-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 3/9/07 (203) 790-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR