2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 742865

1. Entity Name
THE EGRET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1025 WEST OCEAN DR P O BOX 510037 KEY COLONY BCH, FL 33051 US	C/O JOSEPH FIORITA JR 146 DEER HILL AVE DANBURY, CT 06810 US

02072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1896588

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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02/25/08-80002-014 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #