# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT# 742865**

FILED Jaņ 05, 2<u>00</u>9 Secretary of State

Entity Name: THE EGRET CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1025 WEST OCEAN DR 1025 WEST OCEAN DR P O BOX 510037 1025 W OCEAN DRIVE

KEY COLONY BCH, FL 33051 US KEY COLONY BEACH, FL 33051 US

**Current Mailing Address:** New Mailing Address:

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

FEI Number: 59-1896588 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

in the State of Florida.

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE:

Electronic Signature of Registered Agent

US

# ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Date

(X) Change ( ) Addition () Delete

FUNK, LOUIS JR., FUNK, LOUIS JR. Name: Name: 1025 OCEAN DR Address: 1025 OCEAN DR Address:

City-St-Zip: KEY COLONY BEACH, FL City-St-Zip: KEY COLONY BEACH, FL 33051 US

Title: () Delete Title: (X) Change ( ) Addition PORTELANCE, RICHRD, Name: PORTELANCE, RICHARD Name:

Address: 1025 OCEAN DR Address: 1025 OCEAN DR City-St-Zip: KEY COLONY BEACH, FL City-St-Zip: KEY COLONY BEACH, FL 33051 US

Title: () Delete Title: (X) Change ( ) Addition STETSON, JACK STETSON, JACK Name: Name:

Address: 1025 WEST OCEAN DR Address: 1025 WEST OCEAN DR

City-St-Zip: KEY COLONY BCH, FL 00000, 33051 City-St-Zip: KEY COLONY BEACH, FL 33051 US

Title: TD ( ) Delete Title: () Change () Addition

Name: FIORITA, JOSEPH A JR Name: Address: 1025 OCEAN DR. Address: City-St-Zip: KEY COLONY BCH, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOUIS FUNK JR. PD 01/05/2009