2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 756181

Entity Name: EGRET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W. 103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W. 103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 59-2170541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASE, SUSAN CAM
C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W. 103
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: SAULS, CHERYLE
Address: 215 SE 15TH PLACE #209
City-St-Zip: CAPE CORAL, FL 33990 US

Title: P ( ) Delete
Name: OSBORNE, RICHARD M
Address: 209 SE 15TH PLACE #110
City-St-Zip: CAPE CORAL, FL 33990 US

Title: D (X) Delete
Name: PRATT, IRENE
Address: 215 SE 15TH PLACE #208
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete
Name: NAGORO, CAROL
Address: 215 SE 15TH PLACE #109
City-St-Zip: CAPE CORAL, FL 33990

Title: VP ( ) Delete
Name: WILLIAMSON, JOHN
Address: 215 SE 15TH PLACE #207
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: RICHARD M OSBORNE PRES 04/23/2009
Electronic Signature of Signing Officer or Director — Date