

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90045 047 ***61.25

DOCUMENT # N05000006698

1. Entity Name

THE EGRET CONDOMINIUM ASSOCIATION OF BONITA
SPRINGS, INC.



Principal Place of Business

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

Mailing Address

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

40067828



04042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1512167

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919

**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

Miller H. Hohn
Signature, typed or printed name of registered agent and title if applicable.

AGENT

(NOTE: Registered Agent signature required when reinstating)

4-9-08

DATE

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 P
NAME MCMAHON, GLORIA
STREET ADDRESS 1700 ROSAMOND
CITY-ST-ZIP MICHIGAN CITY, IN 46360

TITLE T
NAME TRANQUILLA, DAVID
STREET ADDRESS 28742 MEGAN DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE S
NAME DAHLSTROM, SUE
STREET ADDRESS 26340 HICKORY BLVD., #402
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D
NAME PEDISICH, SHELIA
STREET ADDRESS 28356 CREEK BRANCH LANE
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE D
NAME COPE, LANIS
STREET ADDRESS 26340 HICKORY BLVD., #905
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Gloria McMahon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

Date

Daytime Phone #

4-9-08

239-454 1101X236