2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N09670

1. Entity Name
EGRET POINT OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6054 ARLINGTON EXPWY STE. 3 JACKSONVILLE, FL 32211 US	6054 ARLINGTON EXPWY STE. 3 JACKSONVILLE, FL 32211 US

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02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2650053

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEROLLE, AUGUSTUS L
1153 ROMAINE CIRCLE E
JACKSONVILLE, FL 32225

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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, 2006

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

U00000469698
03/27/06-80011-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MEROLLE, AUGUSTUS L
STREET ADDRESS	1153 ROMAINE CIRCLE E
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	GOODE, GAIL
STREET ADDRESS	5320 CLIFTON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	PULSEFER, KELLY
STREET ADDRESS	3674 W BUCKSKIN TR
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	PD
NAME	CLARKSON, JOHN
STREET ADDRESS	600 ST. JOHNS BLUFF RD N.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	TALBOT, GERALD
STREET ADDRESS	6054 ARLINGTON EXPWY #1
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John Clarkson 2/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #