


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N09670</b> 1. Entity Name <b>EGRET POINT OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>6054 ARLINGTON EXPWY STE. 3 JACKSONVILLE, FL 32211 US</b>	Mailing Address <b>6054 ARLINGTON EXPWY STE. 3 JACKSONVILLE, FL 32211 US</b>
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05312007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2650053</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MEROLLE, AUGUSTUS L 1153 ROMAINE CIRCLE E JACKSONVILLE, FL 32225</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retreating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

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

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06/22/07-80002-011 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #