

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

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N09670**

1. Entity Name

**EGRET POINT OFFICE BUILDING CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**6054 ARLINGTON EXPWY  
STE. 3**

**JACKSONVILLE, FL 32211 US**

Mailing Address

**6054 ARLINGTON EXPWY  
STE. 3**

**JACKSONVILLE, FL 32211 US**



01282008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**59-2650053**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

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**

000000969518

04/09/08 00052 011 61.25

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

**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 #