2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# N09670

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

Current Principal Place of Business:

6054 ARLINGTON EXPWY
STE. 3
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

600 ST. JOHNS BLUFF ROAD NORTH
JACKSONVILLE, FL 32225 US

Current Mailing Address:

6054 ARLINGTON EXPWY
STE. 3
JACKSONVILLE, FL 32211 US

New Mailing Address:

600 ST. JOHNS BLUFF ROAD NORTH
JACKSONVILLE, FL 32225 US

FEI Number: 59-2650053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MEROLLE, AUGUSTUS L
1153 ROMAINE CIRCLE E
JACKSONVILLE, FL 32225 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:	STD	( ) Delete
Name:	MEROLLE, AUGUSTUS L	
Address:	1153 ROMAINE CIRCLE E	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	GOODE, GAIL	
Address:	5320 CLIFTON ROAD	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	PULSEFER, KELLY	
Address:	3674 W BUCKSKIN TR	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	PD	( ) Delete
Name:	CLARKSON, JOHN	
Address:	600 ST. JOHNS BLUFF RD N.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	D	( ) Delete
Name:	TALBOT, GERALD	
Address:	6054 ARLINGTON EXPWY #1	
City-St-Zip:	JACKSONVILLE, FL	

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: JOHN CLARKSON PD 09/01/2009

Electronic Signature of Signing Officer or Director — Date