

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90121 017 \*\*\*\*61.25

**50029534**



<b>DOCUMENT # N21410</b> 1. Entity Name <b>EGRET POINTE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>12274 SW EGRET CIR LAKE SUZY, FL 34269 US</b>				Mailing Address <b>12274 SW EGRET CIR LAKE SUZY, FL 34269 US</b>	
2. Principal Place of Business		3. Mailing Address <b>100 Sullivan St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 112</b>			
City & State		City & State <b>Punta Gorda FL</b>			
Zip	Country	Zip <b>33950</b>	Country <b>USA</b>	4. FEI Number <b>59-2924210</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRAZIANI, GERALD L 12538 SW KINGSWAY CIRCLE #102 LAKE SUZY, FL 34269</b>				7. Name and Address of New Registered Agent Name <b>Joan F. Greene</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Sullivan St</b> <b>Suite 112</b> City <b>Punta Gorda FL</b> Zip Code <b>33950</b>	
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 <u><i>Joan F. Greene</i></u> <span style="float: right;">3/15/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAWELLE, DALE</b> <b>12274 SW EGRET CIR # 3001</b> <b>LAKE SUZY, FL 34269</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KLOTT, BONNIE</b> <b>12274 SW EGRET CIR</b> <b>LAKE SUZY, FL 34266</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CRONIN, WILLIAM</b> <b>12274 S.W. EGRET CIR., #2508</b> <b>LAKE SUZY, FL 34269</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TCRHUNE, RUSSEL</b> <b>12274 SW EGRET CIR # 2303</b> <b>LAKE SUZY, FL 34266</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMITH, CARL</b> <b>12274 S.W. EGRET CIR., #2503</b> <b>LAKE SUZY, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DESTEFANO, CARL</b> <b>12274 SW EGRET CIR #3208</b> <b>LAKE SUZY, FL 34269</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <u><i>Bonnie J. Klotz President</i></u> <span style="float: right;">3-15-05</span></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					