

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000000184 (0)**

1. Corporation Name  
**EGRET'S WALK I CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**992 PELICAN MARSH BLVD. NAPLES FL 33963**

Mailing Address  
**992 PELICAN MARSH BLVD. NAPLES FL 33963**

3. Date Incorporated or Qualified  
**01/12/1995**

3a. Date of Last Report

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 26 27 28 29 30

2a. Mailing Address  
**2786 W. Crown Point Blvd. 65-0561092**

26 Suite, Apt. #, etc.  
27 City & State  
**NAPLES FL.**

28 Zip Country  
**33962 USA**

4. FEI Number  
**65-0561092**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MARNELL, MARY A  
5551 RIDGEWOOD DRIVE  
SUITE 201  
NAPLES FL 33963**

10. Name and Address of New Registered Agent  
81 Name  
**ROGER KRAMER & ASSOC.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2786 WEST CROWN POINT BLVD.**

83

84 City  
**NAPLES FL**

85 Zip Code  
**33962**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Roger Kramer & Assoc.** **BOBBIY MANAGE** DATE **3/25/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHARPE, KEITH</b>	
STREET ADDRESS	<b>5551 RIDGEWOOD DR., STE. 203</b>	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>CORACE, RICHARD F</b>	
STREET ADDRESS	<b>5551 RIDGEWOOD DR., STE. 203</b>	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLEMAN, STEPHEN D</b>	
STREET ADDRESS	<b>9853 N. TAMiami TRAIL, STE. 227-C</b>	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (SEE 12)

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>GLORIA RIGOPULOS</b>	
13 STREET ADDRESS	<b>916 EGRET'S RUN</b>	
14 CITY-ST-ZIP	<b>NAPLES FL. 33963</b>	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>FRANK DE GNETTO</b>	
23 STREET ADDRESS	<b>1033 EGRET'S WALK CIRC.</b>	
24 CITY-ST-ZIP	<b>NAPLES FL. 33963</b>	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>RICHARD NASO</b>	
33 STREET ADDRESS	<b>945 EGRET'S RUN</b>	
34 CITY-ST-ZIP	<b>NAPLES FL 33963</b>	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>ELIZABETH McLENNERY</b>	
43 STREET ADDRESS	<b>1033 EGRET'S WALK CIRC.</b>	
44 CITY-ST-ZIP	<b>NAPLES FL. 33963</b>	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>CLIFFORD UGELSANG</b>	
53 STREET ADDRESS	<b>898 EGRET'S RUN</b>	
54 CITY-ST-ZIP	<b>NAPLES FL. 33963</b>	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gloria Rigopoulos** Date: **3-26-96** Daytime Phone #: **941 566-2088**

CR2E037 (12/95)