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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000184 (0)
1. Corporation Name
EGRET'S WALK I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 892 PELICAN MARSH BLVD. NAPLES FL 33963	Mailing Address 2786 W. CROWN POINTE NAPLES FL 34112-5463 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/12/1995	3a. Date of Last Report 04/02/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0561092	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ROGER KRAMER & ASSOCIATES
2786 WEST CROWN POINTE BLVD
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81. Name Robert T. Gracey
82. Street Address (P.O. Box Number is Not Acceptable) 187 Forest Lakes Blvd.
83. City
84. City Naples
85. Zip Code FL 34105

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 of 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 *Robert T. Gracey* **4/10/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RIGOPULES, GLORIA	
STREET ADDRESS	5551 RIDGEWOOD DR., STE. 203	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEGHETTO, FRANK	
STREET ADDRESS	5551 RIDGEWOOD DR., STE. 203	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NASO, RICHARD	
STREET ADDRESS	9853 N. TAMiami TRAIL, STE. 227-C	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCENERM, ELIZABETH	
STREET ADDRESS	1033 EGRET WALK CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VIGELSAANG, CLIFFORD	
STREET ADDRESS	698 EGRET RUN	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carbott, Jerry	
1.3 STREET ADDRESS	9798 Mill Point Road	
1.4 CITY-ST-ZIP	Easton, MD 21601	
2.1 TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Deghetto, Frank	
2.3 STREET ADDRESS	1033 Egret's Walk Circle #203	
2.4 CITY-ST-ZIP	Naples, FL 34108	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McQuillan, George	
4.3 STREET ADDRESS	934 Egret's Walk Circle #102	
4.4 CITY-ST-ZIP	Naples, FL 34108	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hogan, James	
6.3 STREET ADDRESS	7 Fox Hill Drive	
6.4 CITY-ST-ZIP	Southampton, NY 08088	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(1)(i), 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.

CR2E037 (9/96)