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Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

992 PELICAN MARSH BLVD.  
NAPLES FL 33963

Mailing Address

2786 W. CROWN POINTE  
NAPLES FL 33962  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **187 Forest Lakes Blvd.**

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 **Naples, FL 34105**

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**GRACEY, ROBERT T  
187 FOREST LAKES BLVD  
NAPLES FL 34105**

3. Date Incorporated or Qualified

**01/12/1995**

4. FEI Number

**65-0561092**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing

☐ **\$5.00 May Be**

Trust Fund Contribution

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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 ☐ DELETE  
NAME **PD CARBONC, JERRY**  
STREET ADDRESS **9798 MILL POINT RD**  
CITY-ST-ZIP **EASTON MD**

TITLE ☐ DELETE  
NAME **SD DEGNETTO, FRANK**  
STREET ADDRESS **5551 RIDGEWOOD DR., STE. 203**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE  
NAME **VD MCQUILLAN, GEORGE**  
STREET ADDRESS **934 EGRET'S WALK CIRCLE #102**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE  
NAME **TD HOGAN, JAMES**  
STREET ADDRESS **7 FOX HILL DRIVE**  
CITY-ST-ZIP **SOUTHAMPTON NY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

*[Signature]* **JERRY L. CARBONC** 1/22/98 941-594-0184

CR2E037 (10/97)