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Apr 21, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000184

1. Corporation Name

EGRET'S WALK I CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
187 FOREST LAKE BLVD
NAPLES FL 34105
US



2. Principal Place of Business 21 THE CONTINENTAL GROUP Suite, Apt. #, etc.		2a. Mailing Address 21a THE CONTINENTAL GROUP Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/12/1995	
22 2291 JTC BOULEVARD City & State		27 2291 JTC BOULEVARD City & State		4. FEI Number 65-0561092 Applied For Not Applicable	
23 NAPLES FL Zip 24 34109 Country 25 COLLIER		28 NAPLES FL Zip 29 34109 Country 30 COLLIER		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GRACEY, ROBERT T
187 FOREST LAKES BLVD
NAPLES FL 34105

10. Name and Address of New Registered Agent

81 Name
BRADY, SCOTT H.
82 Street Address (P.O. Box Number is Not Acceptable)
2291 JTC BOULEVARD
83
84 City
NAPLES FL 85 **34109**

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

Scott H. Brady

(NOTE: Registered Agent signature required when renewing)

4-13-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONC, JERRY	1.2 NAME	CARBONE, JERRY
STREET ADDRESS	9798 MILL POINT RD	1.3 STREET ADDRESS	9798 MILL POND RD
CITY-ST-ZIP	EASTON MD	1.4 CITY-ST-ZIP	EASTON, MD
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGHETTO, FRANK	2.2 NAME	
STREET ADDRESS	5551 RIDGEWOOD DR., STE. 203	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUILLAN, GEORGE	3.2 NAME	
STREET ADDRESS	934 EGRET'S WALK CIRCLE #102	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, JAMES	4.2 NAME	
STREET ADDRESS	7 FOX HILL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON NY	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	FERGUSON, ELIZABETH
STREET ADDRESS		5.3 STREET ADDRESS	1033 EGRET'S WALK CIRCLE # 204
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99 592-3700
941-807-200

CR2E037 (11/98)