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Apr 21, 1999 8:00 am
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04-21-1999 90070 031 ****61.25

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



21. Principal Place of Business THE CONTINENTAL GROUP Suite, Apt. #, etc.	2a. Mailing Address 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 34109 Country COLLIER	28. NAPLES FL Zip 34109 Country COLLIER	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

GRACEY, ROBERT T 187 FOREST LAKES BLVD NAPLES FL 34105	81. Name BRADY, SCOTT H.
	82. Street Address (P.O. Box Number is Not Acceptable) 2291 JTC BOULEVARD
	83. City
	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 DATE: 4-13-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARBONC, JERRY	1.1 TITLE	PD CARBONE, JERRY
NAME	9798 MILL POINT RD	1.2 NAME	9798 MILL POND RD
STREET ADDRESS	EASTON MD	1.3 STREET ADDRESS	EASTON, MD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD DEGHETTO, FRANK	2.1 TITLE	
NAME	5551 RIDGEWOOD DR., STE. 203	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD MCQUILLAN, GEORGE	3.1 TITLE	
NAME	934 EGRET'S WALK CIRCLE #102	3.2 NAME	
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD HOGAN, JAMES	4.1 TITLE	
NAME	7 FOX HILL DRIVE	4.2 NAME	
STREET ADDRESS	SOUTHAMPTON NY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D FERGUSON, ELIZABETH	5.1 TITLE	D FERGUSON, ELIZABETH
NAME	1033 EGRET'S WALK CIRCLE # 204	5.2 NAME	1033 EGRET'S WALK CIRCLE # 204
STREET ADDRESS	NAPLES, FL 34108	5.3 STREET ADDRESS	NAPLES, FL 34108
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: SCOTT H. BRADY DATE: 4-13-99 DAYTIME PHONE #: 941-597-3700

CR2E037 (11/98)