

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001886 (9)

1. Corporation Name

EGRET'S WALK II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 992 PELICAN MARSH BLVD. NAPLES FL 33963	Mailing Address 2786 W. CROWN POINTE NAPLES FL 33462 US
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3. Date Incorporated or Qualified 04/20/1995	4. FEI Number 65-0576429	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 6732 Lone Oak Blvd. 27 Suite, Apt. #, etc. 28 Naples FL 29 Zip 34109 30 Country Collier
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Condominium <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROGER KRAMER & ASSOCIATES 2786 WEST CROWN POINTE BLVD SUITE 201 NAPLES FL 33962

10. Name and Address of New Registered Agent 81 Name Roger Kramer & Associates 82 Street Address (P.O. Box Number is Not Acceptable) 6732 Lone Oak Blvd 83 84 City Naples 85 Zip Code FL 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 *[Signature]* (NOTE: Registered Agent signature required when reinstalling) DATE 1/8/98

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMSON, SUZANNE 963 EGRETIS RUN NAPLES FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRON, CHARLES 971 EGRETIS WALK CIRCLE NAPLES FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, STEPHEN D 5811 PELICAN BAY BLVD., SUITE 208 NAPLES FL 33963 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZACKI, JOHN 1054 EGRETIS WALK CIRCLE NAPLES FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALZER, WILLIAM 1036 EGRETIS RUN NAPLES FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Kron Charles 971 Egrets Walk Circle #201 Naples FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Cecil, Tom 1025 Egrets Walk Circle #102 Naples FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Allen, Pat 989 Egrets Walk Circle #101 Naples FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P Meyers, Robert 1054 Egrets Walk Circle #201 Naples FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	P Rose, Suzanne 1126 Egrets Walk Circle #202 Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* 1-8-98 (94) 592-1077

CR2E037 (10/97)