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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001886

1. Corporation Name

EGRET'S WALK II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

992 PELICAN MARSH BLVD.
NAPLES FL 33963

Mailing Address

6732 LONE OAK BLVD
NAPLES FL 34109
US



2. Principal Place of Business

21 ~~THE CONTINENTAL GROUP~~

Suite, Apt. #, etc.

22 2291 JTC BOULEVARD

City & State

23 NAPLES FL

Zip

24 34109

Country

25 COLLIER

2a. Mailing Address

21 ~~THE CONTINENTAL GROUP~~

Suite, Apt. #, etc.

27 2291 JTC BOULEVARD

City & State

28 NAPLES FL

Zip

29 34109

Country

30 COLLIER

3. Date Incorporated or Qualified

04/20/1995

4. FEI Number

65-0576429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROGER KRAMER & ASSOCIATES
6732 LONE OAK BLVD.
SUITE 201
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 ~~BRADY, SCOTT H.~~

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

83 2291 JTC BOULEVARD

84

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-13-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
CECIL, TOM
STREET ADDRESS 1025 EGRERS WALK CIRCLE #102
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME P
KRON, CHARLES
STREET ADDRESS 971 EGRETS WALK CIRCLE #201
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME D
ALLEN, PAT
STREET ADDRESS 989 EGRETS WALK CIRCLE #101
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME D
MEYERS, ROBERT
STREET ADDRESS 1054 EGRETS WALK CIRCLE #201
CITY-ST-ZIP NAPLES FL 34108

TITLE ☒ DELETE

NAME D
ROSE, SUZANNE
STREET ADDRESS 1126 EGRETS WALK CIRCLE #202
CITY-ST-ZIP NAPLES FL 34108

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99

941-557-3900

CR2E037 (11/98)