

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~N 500001886~~ N 500001886
 1. Entity Name
Egrets Walk Condominium Assoc, Inc

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90008 035 ****61.25

Principal Place of Business
952 Egrets Walk
NAPLES FL 34108

Mailing Address
40 R+P Property Mgmt
265 Airport Rd S.
NAPLES FL 34104

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

4. FEI Number
65-0576429

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **GLENN CORROLL**
 Street Address (B.O. Box Number is Not Acceptable)
R+P Property Mgmt.
265 Airport Rd. S.
 City **NAPLES FL** Zip Code **34104**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Glenn Corroll* **4.29.00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:

FEE IS \$901.45

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | DIRECTOR / PRESIDENT | <input type="checkbox"/> Delete |
| NAME | John Lord | |
| STREET ADDRESS | 1229 EGRETS WALK CIR. #204 | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | DIRECTOR / VICE PRES | <input type="checkbox"/> Delete |
| NAME | PATRICIA ALLEN | |
| STREET ADDRESS | 989 EGRETS RUN #101 | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | DIRECTOR / SEC. TREAS | <input type="checkbox"/> Delete |
| NAME | ROBERT DiBENEDETTO | |
| STREET ADDRESS | 1025 EGRETS WALK CIR. #204 | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | GEORGE McQUILLAN | |
| STREET ADDRESS | 934 EGRETS RUN #102 | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | DIRECTOR | <input type="checkbox"/> Delete |
| NAME | MICHAEL UZZI | |
| STREET ADDRESS | 1211 EGRETS LANDING #202 | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John T. Lord*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00 **941-6433353**
 Date Daytime Phone #

CR2E037 (9/99)