

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002603 (7)

1. Corporation Name

EGRET'S WALK III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**892 PELICAN MARSH BLVD.
NAPLES FL 33963**

Mailing Address

**992 PELICAN MARSH BLVD.
NAPLES FL 33963**

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

2756 W. Crown Pointe Blvd. 65-0594919

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

NAPLES FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

33962

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAC'KIE, PAMELA S
5551 RIDGEWOOD DRIVE
SUITE 201
NAPLES FL 33963**

81

Name

ROGER KRAMER & Assoc.

82

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

2756 WEST Crown Pointe Blvd.

84

City

NAPLES

FL

85

Zip Code

33962

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

ROGER KRAMER & Assoc.

(NOTE: Registered Agent signature required when reinstating)

Tom Feather

3/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	COLEMAN, STEPHEN D
STREET ADDRESS	5811 PELICAN BAY BLVD., SUITE 208
CITY-ST-ZIP	NAPLES FL 33963
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SHARPE, KEITH A
STREET ADDRESS	5551 RIDGEWOOD DRIVE, SUITE 203
CITY-ST-ZIP	NAPLES FL 33963
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CORACE, RICHARD F
STREET ADDRESS	5551 RIDGEWOOD DRIVE, SUITE 203
CITY-ST-ZIP	NAPLES FL 33963
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHARLES NASTLERIDGE
2.3 STREET ADDRESS	1072 EGRET'S WALK CIRC.
2.4 CITY-ST-ZIP	NAPLES FL 33963
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CINDY McMANUS
3.3 STREET ADDRESS	1144 EGRET'S WALK CIRC.
3.4 CITY-ST-ZIP	NAPLES FL 33963
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DON METCALKE
4.3 STREET ADDRESS	1108 EGRET'S WALK CIRC.
4.4 CITY-ST-ZIP	NAPLES FL 33963
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SUZANNE ROSE
5.3 STREET ADDRESS	1126 EGRET'S WALK CIRC.
5.4 CITY-ST-ZIP	NAPLES FL 33963
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

Date

566-2719

Daytime Phone #

CR2E037 (12/95)