FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 03 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE

N95000002603 (7)

EGRET'S WALK III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address							{				
									1:		
992 PELICAN MARSH BLYD. NAPLES FL 33963		2786 W. CROWN POINTE NAPLES FL 34112-5463									
MATECO IE 00		US									
				٠.			Date Incorporated or Qualified 06/02/1995	3a. Da	04/02/19	eport 996	
— '	ace of Business	2a. Mailing Address				4. 1	El Number 65-0594919		J	oplied For	
21	н	26					00 0007010			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. (Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State	City & State				Election Campaign Financing				
23		28				Frust Fund Contribution		\$5.00 Added			
Zip	Country	Zip Country					This corporation has liability for				
24	25	29	30				lorida Statutes] No		
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Re	gistered	Agent		
				61	Name						
ROGER	KRAMER & ASSOICATES		82	Street Ad	ddress (P.	O. Box Number is Not Acceptal	ble)				
	est crown pointe blvd		L			·····					
NAPLES	6 FL 33962			63							
				84	City			FL	85 Zip	Code	
11. Pursuant i	to the provisions of Sections 617.0502	and 617.1508. Florida Statut	es, the at	DOVE	e-named co	orporation	submits this statement for the	ournose o	f changing it	ts registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	f Florida, Such change was a	authorize	d by	the corpor	oration's bo	oard of directors. I hereby acce	pt the app	ointment as	registered	
-	in tarilliar with and accept the congar	ions or, socion of the coos, the	Jiloa Stat	utos							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registere	d Age	nt signature req	equired when r	einstating)	DATE			
12.	OFFICERS AND DIRECTORS		13.	13.		A	DDITIONS/CHANGES TO OFFI	CERS AND		RS IN 12	
TITLE	D	☐ DELETE	1.1 76	TLE					Change	Addition	
NAME	COLEMAN, STEPHEN D		1.2 N/	1.2 NAME							
STREET ADDRESS	5811 PELICAN BAY BLVD., St	/E 208		1.3 STREET ADDRESS							
CITY-ST-ZIP	NAPLES FL 33963				.4 CHTY-ST-ZIP						
TITLE	D			2.1 TITLE					☐ Change	Addition	
NAME	ROSE, SUZANNE		2.2 N/	2.2 NAME							
STREET ADDRESS	1126 EGRET WALK CIRCLE		2.3 S1	2.3 STREET ADDRESS			1				
CITY - ST - ZIP	NAPLES FL		2.40	2. 4 CITY - ST - ZIP							
TITLE	D	☐ DELETE 3.		3.1 TITLE					Change	Addition	
NAME	METCALFE, DON		3.2 NAME								
STREET ADDRESS	1108 EGRET WALK CIRCLE		3.3 S	TREET	ADDRESS						
CITY-ST-ZIP					ST-20P		······································		1 05	4.330	
TITLE	MCMANILIC CINIDY	☐ DELETE	4.1 [[Change	Addition	
NAME	MCMANUS, CINDY		4. 2 N		1					į	
STREET ADDRESS	1144 EGRET WALK CIRCLE NAPLES FL		1		ADDRESS						
CITY-ST-ZIP	NAPLES PL P	Dorum	_		T-ZIP				Channe	Addition	
TITLE	NESTLERIDE, CHARLES	DELETE	5.1 TI						Change		
NAME	1072 EGRET WALK CIRCLE		5.2 N							ļ	
STREET ADORESS	NAPLES FL				ADDRESS						
CITY-ST-ZIP	INTLEGIC	DELETE			it-ZIP				Change	Addition	
TITLE		L. DELLIE	6.1 TI						☐ Alwinge	- PARIMON	
NAME			6.2 N								
STREET ADDRESS			6.3 S	INEET	ADDRESS						

14. I do 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