


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90018 039 \*\*\*\*61.25

<b>DOCUMENT # N95000003950</b> 1. Entity Name <b>EGRET POINTE CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>PROFESSIONALLY YOURS INC</b> <b>1342 SE 46TH LANE #3</b> <b>CAPE CORAL, FL 33904 US</b>		Mailing Address <b>PROFESSIONALLY YOURS INC</b> <b>PO BOX 100831</b> <b>CAPE CORAL, FL 33910-0831 US</b>	
2. Principal Place of Business <b>Star Hospitality Manag</b> Suite, Apt. #, etc. <b>6025 Taylor Rd #2</b> City & State <b>Punta Gorda FL</b> Zip <b>33950</b> Country <b>USA</b>		3. Mailing Address <b>6025 Taylor Rd</b> Suite, Apt. #, etc. <b>#2</b> City & State <b>Punta Gorda FL</b> Zip <b>33950</b> Country <b>USA</b>	
4. FEI Number <b>59-3367827</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TEAGUE, GEORGE</b> <b>PROFESSIONALLY YOURS INC</b> <b>8270 COLLEGE PARK # 103</b> <b>FORT MYERS, FL 33919</b>		7. Name and Address of New Registered Agent Name <b>Star Hospitality Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>6025 Taylor Rd #2</b> City & State <b>Punta Gorda FL</b> Zip Code <b>33950</b>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u>Sherry Daulo</u> DATE <u>7-20-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRENCH, HUGH 1625 ISLAMORADA BLVD. PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eldred, George 1548 Islamorada Blvd Punta Gorda, FL 33955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELDRED, GEORGE 1548 ISLAMORADA BLVD. PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Frederick Van Den Broeck 3869 Cape Cole Blvd Punta Gorda, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASEY, RICHARD 3859 CAPE COVE BLVD. PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>George Eldred</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-20-06</u> Daytime Phone #	