


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Moore Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000001379 (4)**

1. Corporation Name

EGRET'S WALK V CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**952 EGERT'S RUN
NAPLES FL 33963**

**952 EGERT'S RUN
NAPLES FL 33963**



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/12/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0652257 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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 Robert B. Couch |
| 82 Street Address (P.O. Box Number is Not Acceptable) 6732 Lone Oak Blvd |
| 83 |
| 84 City Naples FL 85 Zip Code 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)

DATE

7-24-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

| | | |
|----------------|--|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COLEMAN, STEPHEN D | |
| STREET ADDRESS | 5811 PELICAN BAY BLVD., SUITE 208 | |
| CITY-ST-ZIP | NAPLES FL 33963 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COLEMAN, MARK | |
| STREET ADDRESS | 5811 PELICAN BAY BLVD., SUITE 208 | |
| CITY-ST-ZIP | NAPLES FL 33963 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCHEINHOLZ, ARTHUR | |
| STREET ADDRESS | 5811 PELICAN BAY BLVD., SUITE 208 | |
| 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. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME | |
| 1. STREET ADDRESS | |
| 1. CITY-ST-ZIP | |
| 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 2. STREET ADDRESS | |
| 2. CITY-ST-ZIP | |
| 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME | |
| 3. STREET ADDRESS | |
| 3. CITY-ST-ZIP | |
| 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME | |
| 4. STREET ADDRESS | |
| 4. CITY-ST-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME | |
| 5. STREET ADDRESS | |
| 5. CITY-ST-ZIP | |
| 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 6. STREET ADDRESS | |
| 6. CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for 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.

SIGNATURE SIGNATURE REQUIRED BY

CR2E037 (4/97)