


FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90006 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000001379

1. Corporation Name

EGRET'S WALK V CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

952 EGERT'S RUN
NAPLES FL 33963

Mailing Address

952 EGERT'S RUN
NAPLES FL 33963

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 2291 J+C Blvd		03/12/1996	
22 City & State		27 Naples Florida		4. FEI Number	
23 Zip		28 34109 USA		65-0652257	
24 Country		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

COUCH, ROBERT B
6732 LONE OAK BLVD
SUITE 201
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name **Jess Dinesen**
 82 Street Address (P.O. Box Number is Not Acceptable) **2291 J+C Boulevard**
 83 **Naples FL 34109**
 84 City **FL** 85 Zip Code

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 agents 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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, STEPHEN D	1.2 NAME	
STREET ADDRESS	5811 PELICAN BAY BLVD., SUITE 208	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MARK	2.2 NAME	
STREET ADDRESS	5811 PELICAN BAY BLVD., SUITE 208	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGA, DONNA	3.2 NAME	
STREET ADDRESS	5811 PELICAN BAY BLVD #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-99

Date

941-557-3900

Daytime Phone #

CR2E037 (5/99)