

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 30, 2001 8:00 am
Secretary of State

05-10-2001 90151 005 ****61.25

DOCUMENT # N96000001379

1. Entity Name

EGRET'S WALK V CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**952 EGRETS WALK
 NAPLES FL 34108**

Mailing Address

**%R & P PROPERTY MGMT
 265 AIRPORT RD S
 NAPLES FL 34104**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**Guardian Property Management
 6700 Lone Oak Blvd.
 Naples, Florida 34109**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0652257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARROLL, GLENN
 R & P PROPERTY MGMT
 265 AIRPORT RD S
 NAPLES FL 34104**

7. Name and Address of New Registered Agent

Nar

Stre

Cit

**Guardian Property Management
 6700 Lone Oak Blvd.
 Naples, Florida 34109**

FL

Zip Code

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.

SIGNATURE

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

(No E: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
 NAME **COLEMAN, MARK**
 STREET ADDRESS **5811 PELICAN BAY BLVD., SUITE 208**
 CITY-ST-ZIP **NAPLES FL 33963**

TITLE **DVST** ☐ Delete
 NAME **COLEMAN, STEPHEN**
 STREET ADDRESS **5811 PELICAN BAY BLVD., SUITE 208**
 CITY-ST-ZIP **NAPLES FL 33963**

TITLE **D** ☐ Delete
 NAME **LEWIS, ALAN**
 STREET ADDRESS **1319 EGRETS LANDING 102**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME **Mr. John Blachard pres**
 STREET ADDRESS **Egrets Walk V**
 CITY-ST-ZIP **1337 Egrets Landing #102**
Naples, FL 34108 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 empower d.

SIGNATURE:

John Blachard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01

Date

Daytime Phone #

CR2E037 (10/00)