2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N95000000113 1. Entity Name 04-12-2004 90261 046 ****61.25 ESTERO ISLAND BEACH VILLAS CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 9736 COMMERCE CENTER CT. . 9736 COMMERCE CENTER CT. 66414960 FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address 6385 Presidential Ct. 6385 Presidential Ct. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Ste.101 City & State City & State 4. FEI Number Applied For Fort Myers, 85-0561247 Not Applicable Fort Myers Country Country \$8.75 Additional 5. Certificate of Status Desired 33919 US 33919 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Palm State Management Co., Inc VACATION COMMUNITY ASSOCIATION MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 6385 Presidential Ct. #101 9736 COMMERCE CENTER CT. FORT MYERS FL 33908 33017 Fort Myers 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 ragistered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Г٦ Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition RICHARDSON, D. ALAN NAME NAME 4326 SCATTERFIELD RD., PMB 303 STREET ADDRESS STREET ADDRESS ANDERSON IN 46013-2631 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition BOUCHER, JOHN J. NAME 18532 DEEP PASSAGE LANE STREET ADDRESS STREET ADDRESS FT MYERS BEACH FL 33931 CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change Addition EISENACH, ROBERT NAME NAME 439 OAKMEAD PALCE STREET ADDRESS STREET ADDRESS TROY MI 48098 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition GRIESELDING, JOHN NAME NAME 500 ESTERO BLVD, #596 STREET ADDRESS STREET ADDRESS FT MYERS BEACH FL 33931 CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change QUENBY, EDWARD NAME NAME 3434 LOREN DR STREET ADDRESS STREET ADDRESS JACKSON MI 49203-4924 CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.