

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N16000007828

**Entity Name:** ESTERO POINTE COMMUNITY ASSOCIATION, INC.

**FILED**  
**Oct 25, 2023**  
**Secretary of State**  
**6935861836CC**

**Current Principal Place of Business:**

C/O COASTAL ASSOCIATION SERVICES  
1314 SE CAPE CORAL PKWY EAST 205  
CAPE CORAL, FL 33904

**Current Mailing Address:**

C/O COASTAL ASSOCIATION SERVICES  
1314 SE CAPE CORAL PKWY EAST 205  
CAPE CORAL, FL 33904 US

**FEI Number: 82-4434940**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COASTAL ASSOCIATION SERVICES, LLC  
C/O COASTAL ASSOCIATION SERVICES  
1314 SE CAPE CORAL PKWY EAST 205  
CAPE CORAL, FL 33904 US

*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: TROY FUTCH**

**10/25/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REDDISH, CHRISTOPHER  
Address        C/O COASTAL ASSOCIATION  
                  SERVICES  
                  1314 SE CAPE CORAL PKWY EAST  
                  205  
City-State-Zip: CAPE CORAL FL 33904

Title            TREASURER  
Name            RUSSO, HENRY  
Address        C/O COASTAL ASSOCIATION  
                  SERVICES  
                  1314 SE CAPE CORAL PKWY EAST  
                  205  
City-State-Zip: CAPE CORAL FL 33904

Title            SECRETARY  
Name            GLOVER, TAMMY  
Address        C/O COASTAL ASSOCIATION  
                  SERVICES  
                  1314 SE CAPE CORAL PKWY EAST  
                  205  
City-State-Zip: CAPE CORAL FL 33904

Title            VP  
Name            WILEY, MICHAEL  
Address        C/O COASTAL ASSOCIATION  
                  SERVICES  
                  1314 SE CAPE CORAL PKWY EAST  
                  205  
City-State-Zip: CAPE CORAL FL 33904

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRISTOPHER REDDISH**

**PRESIDENT**

**10/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date