Entity Name: ESTERO POINTE COMMUNITY ASSOCIATION, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

551 NORTH CATTLEMEN ROAD, SUITE 200 SARASOTA, FL 34232

Current Mailing Address:

DOCUMENT# N1600007828

551 NORTH CATTLEMEN ROAD, SUITE 200 SARASOTA, FL 34232 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | PRESIDENT, DIRECTOR | Title | VP, SECRETARY, DIRECTOR |
|-----------------|--|-----------------|--|
| Name | BURDETT, ANTHONY ("TONY") J. | Name | MILLER, ANDREW ("DREW") |
| Address | 551 NORTH CATTLEMEN ROAD, SUITE 200 | Address | 551 NORTH CATTLEMEN ROAD, SUITE 200 |
| City-State-Zip: | SARASOTA FL 34232 | City-State-Zip: | SARASOTA FL 34232 |
| Title | VP, TREASURER, DIRECTOR | Title | VP |
| Name | LONG, CHRISTOPHER G. | Name | LONGENECKER, CAMMIE LARHAE |
| Address | 551 NORTH CATTLEMEN ROAD, SUITE 200 | Address | 551 NORTH CATTLEMEN ROAD, SUITE 200 |
| City-State-Zip: | SARASOTA FL 34232 | City-State-Zip: | SARASOTA FL 34232 |

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: ANTHONY ("TONY") J. BURDETT

PRESIDENT

03/09/2018 Date

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No