

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007828

Entity Name: ESTERO POINTE COMMUNITY ASSOCIATION, INC.

FILED
Apr 17, 2023
Secretary of State
0832711948CC

Current Principal Place of Business:

C/O SEACREST SOUTHWEST
1044 CASTELLO DR STE 206
NAPLES, FL 34103

Current Mailing Address:

C/O SEACREST SOUTHWEST
1044 CASTELLO DR STE 206
NAPLES, FL 34103 US

FEI Number: 82-4434940

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEACREST SOUTHWEST
1044 CASTELLO DRIVE SUITE 206
NAPLES, FL 34103 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: BRYAN FOWLER

04/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name REDDISH, CHRISTOPHER
Address C/O SEACREST SOUTHWEST
 1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name RUSSO, HENRY
Address C/O SEACREST SOUTHWEST
 1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name GLOVER, TAMMY
Address C/O SEACREST SOUTHWEST
 1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name WILEY, MICHAEL
Address C/O SEACREST SOUTHWEST
 1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name TORRE, CHARLES
Address C/O SEACREST SOUTHWEST
 1044 CASTELLO DR STE 206
City-State-Zip: NAPLES FL 34103

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

04/17/2023

Electronic Signature of Signing Officer/Director Detail

Date