

**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