

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007828

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

**FILED**  
**Apr 11, 2022**  
**Secretary of State**  
**1611845109CC**

**Current Principal Place of Business:**

1044 CASTELLO DRIVE, SUITE 206  
SUITE 203  
NAPLES, FL 34103

**Current Mailing Address:**

1044 CASTELLO DRIVE, SUITE 206  
SUITE 203  
NAPLES, FL 34103 US

**FEI Number: 82-4434940**

**Certificate of Status Desired: No**

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

BRAYAN FOWLER C/O SOUTHWEST PROPERTY MANAG  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REDDISH, CHRISTOPHER  
Address        1044 CASTELLO DRIVE, SUITE 206  
                  SUITE 203  
City-State-Zip: NAPLES FL 34103

Title            TREASURER  
Name            REESE, KIMBERLY  
Address        2101 CENTRE PARK W., DRIVE  
                  SUITE 203  
City-State-Zip: WEST PALM BEACH FL 33409

Title            SECRETARY  
Name            HERZIG, KEVIN  
Address        1044 CASTELLO DRIVE, SUITE 206  
                  SUITE 203  
City-State-Zip: NAPLES FL 34103

Title            VP  
Name            PETROV, JULIA  
Address        1044 CASTELLO DRIVE, SUITE 206  
                  SUITE 203  
City-State-Zip: NAPLES FL 34103

Title            DIRECTOR  
Name            TORRE, CHARLES  
Address        1044 CASTELLO DRIVE, SUITE 206  
                  SUITE 203  
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**

**04/11/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date