2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006747

Entity Name: ESTERO HISTORICAL SOCIETY, INC.

intity name: ESTERO HISTORICAL SOCIETY, II

Current Principal Place of Business:

9200 CORKSCREW PALMS ESTERO. FL 33928

Current Mailing Address:

P.O. BOX 1314

ESTERO, FL 33929

FEI Number: 65-0962691 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOUDREAU, ROBERT J 23820 AMALFI COAST RD., #202 ESTERO, FL 34135 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: ROBERT J. BOUDREAU

01/10/2017

FILED Jan 10, 2017

Secretary of State

CC7092099147

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR
Name DAURAY, CHARLES Name NEWBERRY, SIS
Address P.O. BOX 1314 Address P.O. BOX 1314
City-State-Zip: ESTERO FL 33929 City-State-Zip: ESTERO FL 33929

Title VP Title TREASURER

Name MACNELLIS, BEVERLY Name BOUDREAU, ROBERT J

Address P.O. BOX 1314 Address P.O. BOX 1314

City-State-Zip: ESTERO FL 33929 City-State-Zip: ESTERO FL 33929

Title SECRETARY Title DIRECTOR

Name FERNANDEZ, PAMELA Name WEENEN, MARYANN

Address P.O. BOX 1314 Address P.O. BOX 1314

City-State-Zip: ESTERO FL 33929 City-State-Zip: ESTERO FL 33929

Title DIRECTOR Title DIRECTOR

Name EILEEN GALVIN

Address P.O. BOX 1314

City-State-Zip: ESTERO FL 33929

Title DIRECTOR

Name KEN WISEN

Address P.O. BOX 1314

City-State-Zip: ESTERO FL 33929

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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: ROBERT J. BOUDREAU TREASURER 01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MARLENE FERNANDEZ

Address P.O. BOX 1314
City-State-Zip: ESTERO FL 33929