

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90048 038 ****61.25

DOCUMENT # 702741

1. Entity Name

ESTERO HEIGHTS IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1023
ESTERO FL 33928

Mailing Address

P.O. BOX 1023
ESTERO FL 33928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANKO, LYNN
4925 ROYAL PALM DR
PO BOX 236
ESTERO FL 33928

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEWBERRY, SIS	
STREET ADDRESS	4946 MEDERIA LANE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOUSE, GEORGE	
STREET ADDRESS	20800 PINE TREE LANE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, JANINE	
STREET ADDRESS	20621 COCONUT DRIVE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LYNN DANKO	
STREET ADDRESS	4925 ROYAL PALM	
CITY-ST-ZIP	ESTERO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREG FRETWELL	
STREET ADDRESS	20881 Pine Tree Lane	
CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESIE STACHO	
STREET ADDRESS	4707 RIVERSIDE DR	
CITY-ST-ZIP	ESTERO FLA 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn D Danko Treasurer 3/21/2006 239 992-3311