


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90002 021 \*\*\*\*61.25

**DOCUMENT # 725799**

1. Entity Name  
**ESTERO BEACH CLUB EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 2650 ESTERO BLVD.  
 FT. MYERS BEACH, FL 33931

Mailing Address  
~~C/O BENSON'S INC~~  
 12650 WHITEHALL DR  
 FT MYERS, FL 33907 US

2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
**Alliant Property Management**

City & State  
**6719 Winkler Rd Suite 200**  
**Fort Myers, FL 33919**

Zip  
 Country

6. Name and Address of Current Registered Agent

**VANDALL, BONITA D**  
**12650 WHITEHALL DR**  
**FORT MYERS, FL 33907**

→

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1553332**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent

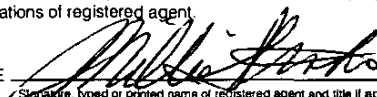
Name  
**Alliant Property Management**

Street  
**6719 Winkler Rd Suite 200**

City  
**Fort Myers, FL 33919**

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  **VP** DATE **2-15-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME MORRIS, CAROL		NAME	
STREET ADDRESS 2650 ESTERO BLVD. #034		STREET ADDRESS	
CITY-ST-ZIP FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME KLUCH, MARLENE		NAME	
STREET ADDRESS 2650 ESTERO BLVD #044		STREET ADDRESS	
CITY-ST-ZIP FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME WARRINER, KEN		NAME	
STREET ADDRESS 2650 ESTERO BLVD #014		STREET ADDRESS	
CITY-ST-ZIP FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME DVORAK, JEANNE		NAME	
STREET ADDRESS 2650 ESTERO BLVD #041		STREET ADDRESS	
CITY-ST-ZIP FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME KITCHEN, LARRY		NAME	
STREET ADDRESS 2650 ESTERO BLVD #406		STREET ADDRESS	
CITY-ST-ZIP FORT MYERS BEACH, FL 33931		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **3-23-08** **239-454-1101 x236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #