

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725799

FILED
Mar 26, 2009
Secretary of State

Entity Name: ESTERO BEACH CLUB EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2650 ESTERO BLVD.
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FT. MYERS, FL 33919

Current Mailing Address:

ALLIANT PROPERTY MANAGEMENT
6719 WINKLER RD, STE. 200
FORT MYERS, FL 33919 US

New Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

FEI Number: 59-1553332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANANGEMENT
6719 WINKLER RD, STE. 200
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

ALLIANT PROPERTY MANANGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 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: JOHN M. STROHM, AGENT

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MORRIS, CAROL
Address: 2650 ESTERO BLVD. #034
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: PD () Delete
Name: KLUCH, MARLENE
Address: 2650 ESTERO BLVD #044
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: TD () Delete
Name: WARRINER, KEN
Address: 2650 ESTERO BLVD #014
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SD () Delete
Name: DVORAK, JEANNE
Address: 2650 ESTERO BLVD #041
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D () Delete
Name: KITCHEN, LARRY
Address: 2650 ESTERO BLVD #406
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MORRIS, CAROL
Address: 2650 ESTERO BLVD. #034
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARLENE KLUCH

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date