

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90120 044 \*\*\*\*70.00

**DOCUMENT # 741204**  
 1. Entity Name  
 EL RIO CONDOMINIUM BUILDING NO. 8, INC.



Principal Place of Business  
 4840 GOLF CLUB CT 2  
 STE 2  
 FORT MYERS, FL 33903 US

Mailing Address  
 4840 GOLF CLUB COURT #8  
 STE. 2  
 NORTH FORT MYERS, FL 33903 US

30034001



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05202005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 59-2361387

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
 COLCORD, ESTHER  
 4840 GOLF CLUB CT.,  
 APT. 12  
 NORTH FORT MYERS, FL 33903

7. Name and Address of New Registered Agent  
 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 Esther Colcord ESTHER COLCORD, Treasurer 5/27/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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 type="checkbox"/> Delete
NAME	FORD, BILLIE	
STREET ADDRESS	4840 GOLF CLUB DIVE STE 8	
CITY-ST-ZIP	NORTH FORT MYERS, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHETTS, BETTY	
STREET ADDRESS	4840 GOLF CLUB DR., APT. 3	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	STS	<input type="checkbox"/> Delete
NAME	FORD, BILLIE	
STREET ADDRESS	4840 GOLF CLUB DRIVE #8	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	T	<input type="checkbox"/> Delete
NAME	CALCARA, ESTHER	
STREET ADDRESS	4840 GOLF CLUB CT., #12	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARRICH, DORIS	
STREET ADDRESS	4840 GOLF CLUB CT # 4D	
CITY-ST-ZIP	FORT MYERS, FL 33903	
TITLE	BM	<input type="checkbox"/> Delete
NAME	BENETATOS, MICHAEL	
STREET ADDRESS	4840 GOLF CLUB COURT #6	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, BILLIE	
STREET ADDRESS	4840 GOLF CLUB CT APT. 8	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEETS, BETTY	
STREET ADDRESS	4840 GOLF CLUB CT. APT. 3	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	BM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY ALLEN	
STREET ADDRESS	4840 GOLF CLUB CT. APT. 7	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLCORD, ESTHER	
STREET ADDRESS	4840 GOLF CLUB CT. APT 12	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, DOROTHY	
STREET ADDRESS	4840 GOLF CLUB CT. APT 4	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNE BAMMERLIN	
STREET ADDRESS	4840 GOLF CLUB CT APT 10	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ESTHER COLCORD TREAS. ESTHER COLCORD 5/27/05 (239) 656-1332  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #