


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**


03-01-2006 90009 005 \*\*\*\*70.00

|   |   |
|---|---|
| <b>DOCUMENT # 755339</b><br>1. Entity Name<br><b>ESTERO ISLAND BEACH CLUB ASSOCIATION, INC.</b> |  |
|---|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>1840 ESTERO BLVD.<br/>FT. MYERS BCH., FL 33931 US</b> | Mailing Address<br><b>RAL RESORT PROP. MANAGEMENT<br/>11595 KELLY ROAD, #300<br/>FORT MYERS, FL 33908 US</b> |
|---|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**40061012**



02222006 Chg-NP CR2E037 (11/05)

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|--|--|
| 4. FEI Number<br><b>59-2147919</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>RAL RESORT PROPERTY MANAGEMENT<br/>11595 KELLY ROAD<br/>SUITE 300<br/>FORT MYERS, FL 33908</b> |  | 7. Name and Address of New Registered Agent        |  |
|  |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City   |  |
|  |  | FL Zip Code  |  |

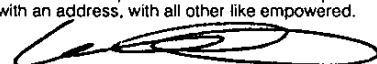
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HUNSUCKER, JEFFERY<br>1682 HERMITAGE RD.<br>FT. MYERS, FL 33907 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>DELL BURNS<br>15550 BURNT STORE RD<br>PUNTA GORDA, FL 33955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WILKINSON, WILLIAM<br>P.O. BOX 61595<br>FORT MEYERS, FL 33906 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SPAULDING, RALPH<br>7263 ROSS RD.<br>MADISON, OH 44057 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KRAUCH, RICHARD<br>115 LEROY AVE.<br>LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BESSE, LUKE<br>722 5TH AVENUE<br>ERIE, IL 61250 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COLATARCI, JOSEPH<br>12875 S CLEVELAND AVE #1<br>FORT MYERS, FL 33907 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:**  **2-23-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #