

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

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767989**

1. Entity Name  
**ESTUARY CONSERVATION ASSOCIATION, INC.**



Principal Place of Business  
**853 VANDERBILT BEACH ROAD  
#272  
NAPLES, FL 34108**

Mailing Address  
**853 VANDERBILT BEACH ROAD  
#272  
NAPLES, FL 34108**



01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2363938</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FOSTER, EUGENE A  
435 DOCKSIDE DR. #401  
NAPLES, FL 34110**

**DO NOT WRITE  
IN THIS SPACE**

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

1/09/08

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000784322  
01/16/08-80050-013 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	P/D
NAME	MORELAND, JOSEPH
STREET ADDRESS	5821 CINZANO COURT
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	V/D
NAME	LYDON, RICHARD
STREET ADDRESS	450 TRADEWINDS AVENUE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	T/D
NAME	KINDSVATER, JOHN H
STREET ADDRESS	425 DOCKSIDE DRIVE, #903
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	T
NAME	FOSTER, EUGENE A
STREET ADDRESS	401 DOCKSIDE DR. #401
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	HILL, ANDY
STREET ADDRESS	405 GERMINA AVE.
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/09/08 239-253-5002

Daytime Phone #