

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767989

FILED  
Jan 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

853 VANDERBILT BEACH ROAD  
#272  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

853 VANDERBILT BEACH ROAD  
#272  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 59-2363938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: MORELAND, JOSEPH  
Address: 5821 CINZANO COURT  
City-St-Zip: NAPLES, FL 34119

Title: V/D ( ) Delete  
Name: LYDON, RICHARD  
Address: 450 TRADEWINDS AVENUE  
City-St-Zip: NAPLES, FL 34108

Title: T/D (X) Delete  
Name: KINDSVATER, JOHN H  
Address: 425 DOCKSIDE DRIVE, #903  
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete  
Name: FOSTER, EUGENE A  
Address: 401 DOCKSIDE DR. #401  
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete  
Name: HILL, ANDY  
Address: 405 GERMINA AVE.  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: T/D (X) Change ( ) Addition  
Name: FOSTER, EUGENE A  
Address: 401 DOCKSIDE DR. #401  
City-St-Zip: NAPLES, FL 34110

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: EUGENE A. FOSTER

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01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date