## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPEU UR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT # F00000002788**



**FILED** 

Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90384 040 \*\*\*150.00 1. Entity Name ESTÉRO LAKES DEVELOPMENT, INC. Annaraa Mailing Address Principal Place of Business TWO TRANSAM PLAZA, SUITE 200 TWO TRANSAM PLAZA, SUITE 200 OAKBROOK TERRACE, IL 60181 OAKBROOK TERRACE, IL 60181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State 36-4367735 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PCD Change ☐ Addition ☐ Delete TITLE TITLE SCARLATI, FRANK S JR NAME STREET ADDRESS STREET ADDRESS TWO TRANSAM PLAZA, SUITE 200 OAKBROOK TERRACE, IL 60181 CITY-ST-ZIP CITY-ST-7iP S/D VSD TITLE ☐ Change 🔀 Addition TITLE 🔀 Delete Welty, Rodney A. KELLY, THOMAS J NAME NAME 1600 EAST MAIN STREET, SUITE B STREET ADDRESS 1600 East Main Street, Suite B STREET ADDRESS CATY-ST-ZIP ST. CHARLES, IL 60174 CITY-ST-ZIP St. Charles, IL 60174 v TITLE 🗷 Delete TITLE ☐ Change Addition DILLON, RONALD NAME NAME Dewhirst, Ned E. STREET ADDRESS BOX 366879 STREET ADDRESS Box 366879 BONITA SPRINGS, FL 34895 CITY-ST-ZIP CITY-ST-ZIP Bonita Springs, FL 34136 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 607, 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.

Rodney A. Welty

4-10-06

630.584.6580

Daytime Phone #