## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # F00000002788 03-12-2007 90365 038 \*\*\*150.00 ESTERO LAKES DEVELOPMENT, INC. 40034037 Principal Place of Business Mailing Address TWO TRANSAM PLAZA, SUITE 200 TWO TRANSAM PLAZA, SUITE 200 OAKBROOK TERRACE, IL 60181 OAKBROOK TERRACE, IL 60181 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02242007 Applied For 4, FEI Number City & State City & State Not Applicable 36-4367735 \$8.75 Additional Zip Country Country 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 FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **⊘** Change Addition PCD TITLE TITLE Delete PΠ SCARLATI FRANK SUR NAME SCARLATI, FRANK S JR. NAME TWO TRANSAM PLAZA, SUITE 200 STREET ADDRESS 1600 E. MAIN STREET, SUITE B STREET ADDRESS ST. CHARLES, IL 60174 CITY-ST-ZIP CITY-ST-ZIP OAKBROOK TERRACE, IL 60181 ☐ Addition Change TITLE SD ☐ Delete TITLE WELTY, RODNEY A NAME NAME STREET ADDRESS 1600 EAST MAIN ST SUITE B STREET ADORESS CITY-ST-ZIP SAINT CHARLES, IL 60174 CITY-ST-ZIE ☐ Change Addition TITE F Delete TETLE DEWHIRST, NED E NAME NAME STREET ADDRESS PO BOX 366879 STREET ADDRESS BONITA SPRINGS, FL 34136 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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.

TITLE

NAME STREET ADORESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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RIONAYA. WELTY SIGNATURE:

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Daytime Phone #

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**FILED** Mar 12, 2007 8:00 am