

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001357

1. Entity Name

ESTERO LAKES DEVELOPMENT III, INC.



Principal Place of Business

P.O. BOX 366879
BONITA SPRINGS, FL 34136

Mailing Address

P.O. BOX 366879
BONITA SPRINGS, FL 34136



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1423935

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SCARLATI, FRANK S JR.
STREET ADDRESS	TWO TRANSAM PLAZA, SUITE 200
CITY- ST- ZIP	OAKBROOK TERRACE, IL 60181
TITLE	SD
NAME	KELLY, THOMAS J
STREET ADDRESS	1600 EAST MAIN STREET, SUITE B.
CITY- ST- ZIP	ST. CHARLES, IL 60174
TITLE	V
NAME	DILLON, RONALD
STREET ADDRESS	PO BOX 366879
CITY- ST- ZIP	BONITA SPRINGS, FL 34136
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/13/04-80002-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #