

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara H. Whitcomb
Governor, Florida
TALLAHASSEE, FLORIDA 32310-0001

DOCUMENT # **N00587 (8)**

ESTERO COVE CONDOMINIUM ASSOCIATION, INC.

FILED
STATE OF FLORIDA
CORPORATION

95 MAY -1 PM 1:14

Principal Place of Business: **6891 ESTERO BLVD FT. MYERS BEACH FL 33901**
Mailing Address: **6891 ESTERO BLVD FT MYERS BEACH FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/27/1983** 3a. Date of Last Report: **05/25/1994**
4. FEI Number: **59-2372532** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address
21 Suite Apt # etc: 26 Suite Apt # etc
22 City & State: 27 City & State
23 Zip: 28 Country
24 25 29 30

9. Name and Address of Current Registered Agent
**HARVEY, JAMES H III
6891 ESTERO BLVD.
FORT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent
B1 Name: **ACTERON ASSOCIATES/DAVID ROWE**
B2 Street Address (P.O. Box Number is Not Acceptable): **6891 ESTERO BLVD.**
B3
B4 City: **FT. MYERS BEACH** FL B5 Zip Code: **33931**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.
SIGNATURE: *David Rowe* **DAVID ROWE** **PROPERTY MANAGER** **5/10/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARVEY III, JAMES H.
STREET ADDRESS	29 MORNINGSIDE ROAD
CITY ST ZIP	OCEAN CITY NJ
TITLE	VTD
NAME	MANN, CARL
STREET ADDRESS	29 KENNEDY COURT
CITY ST ZIP	LANCASTER NY
TITLE	SD
NAME	HOOGLAND, ROSALYN
STREET ADDRESS	10523 SOUTH WESTERN
CITY ST ZIP	CHICAGO IL
TITLE	D
NAME	BABICH, MILDRED
STREET ADDRESS	15548 HICKOX BLVD
CITY ST ZIP	MIDDLEBURG OH
TITLE	D
NAME	TENEROW, JOHN
STREET ADDRESS	421 BROWNSTONE RIDGE
CITY ST ZIP	MERIDEN CT
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	AICHAEN SPANZ	
13 STREET ADDRESS	PO BOX 230 (WELLS BAY RD)	N/A
14 CITY ST ZIP	STONY NY 14785	
21 TITLE	UPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MARITA EMERY	
23 STREET ADDRESS	P.O. BOX 223 ROUENIZ AVE	N/A
24 CITY ST ZIP	MOODY BEACH, ME 04054	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	RICHARD DUBEK	
33 STREET ADDRESS	314 WHITE OAK DR.	
34 CITY ST ZIP	NEWLAN, GA 30263	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SAM TROUNTZOURIS	
43 STREET ADDRESS	74 CHESTER CRESCENT	
44 CITY ST ZIP	PORT VERMONT, CANADA L9L 1K8	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	JOHN TORSTUFT	
53 STREET ADDRESS	104 JUANHOE DR.	
54 CITY ST ZIP	MILTON, WI 53563	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Marita Emery* **MARITA EMERY** **4/27/95** **813-765-5900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

REMITTED BY [Signature]