

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00587 (8)
1. Corporation Name
ESTERO COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **6891 ESTERO BLVD. FT. MYERS BEACH FL 33931**
Mailing Address: **6891 ESTERO BLVD. FT. MYERS BEACH FL 33931**

3. Date Incorporated or Qualified: **12/27/1983**
3a. Date of Last Report: **05/01/1995**

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

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ACHERON ASSOCIATE, ROWE D
6891 ESTERO BLVD.
FORT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent
81 Name: **JEAN LEE THOMPSON**
82 Street Address (P.O. Box Number is Not Acceptable): **6891 ESTERO BLVD.**
83
84 City: **FT. MYERS BEACH** FL 85 Zip Code: **33931**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **JEAN LEE THOMPSON** (Signature, typed or printed name of registered agent and title if applicable.)
Signature of Registered Agent: *[Handwritten Signature]* Date: **4/24/96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD SLOANE, ARLEEN	<input type="checkbox"/>
NAME	P.O. BOX 230 WELLS BAY ROAD STOW NY	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VTD WMERY, MARITA	<input type="checkbox"/>
NAME	P.O. BOX 223 BOURNE AVE. MOODY BEACH ME	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD DUBEK, RICHARD	<input type="checkbox"/>
NAME	214 WHITE OAK DR. NEWNAN GA	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	TD TZOUNTZOURIS, SAM	<input type="checkbox"/>
NAME	74 CHESTER CRESCENT PODRT PERRY ON	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D TORSTVEIT, JOHN	<input type="checkbox"/>
NAME	104 IVANHOE DR. MILTON WI	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDITION
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	EMERY, MARITA		
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 119.07(3)(k), 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; 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 in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: *[Handwritten Signature]* **RICHARD DUBEK** Date: **4/24/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)