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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33931-4637
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/27/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2372532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMPSON, JEAN LEE
6891 ESTERO BLVD
FORT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TORSTVEIT, JOHN
1.3 STREET ADDRESS	939 DOWNS LAKE RD.
1.4 CITY-ST-ZIP	MILTON, WI 53563
2.1 TITLE	(VD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DUBEK, RICHARD
2.3 STREET ADDRESS	5 DOUBE TRAIL
2.4 CITY-ST-ZIP	BRACKTUBE CITY, GA 30369
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TZOUNTZOURIS SAM
3.3 STREET ADDRESS	74 CHESTER CRESCENT
3.4 CITY-ST-ZIP	PORT PERRY, ONTARIO CANADA (TD) L9L 1K8
4.1 TITLE	(SD) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVIES, DOUG
4.3 STREET ADDRESS	73 WILLOWOOD RD.
4.4 CITY-ST-ZIP	GEORGETOWN ONTARIO CANADA L7G 4S8
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARTIN BRAT (D)
5.3 STREET ADDRESS	6895 ESTERO BLVD. #054
5.4 CITY-ST-ZIP	FT. MYERS BEACH, FL 33919
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: Douglas Davies SIGNATURE REQUIRED 3/27/97 941-765-5900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057218

CR2E037 (9/96)