

5-19-98 B-7684-C  
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FILED  
 May 19 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

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

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

3. Date Incorporated or Qualified  
**12/27/1983**

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  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 **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SLOANE, ARLEEN</b>	1.2 NAME	<b>PD ORAL MARTIN</b>
STREET ADDRESS	<b>P.O. BOX 230 WELLS BAY ROAD</b>	1.3 STREET ADDRESS	<b>6895 ESTERO BLVD. #554</b>
CITY-ST-ZIP	<b>STOW NY</b>	1.4 CITY-ST-ZIP	<b>FT. MYERS BEACH, FL 33931</b>
TITLE	<b>VTD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EMERY, MARITA</b>	2.2 NAME	<b>VP DEUBIJS, JOHN SR</b>
STREET ADDRESS	<b>P.O. BOX 223 BOURNE AVE.</b>	2.3 STREET ADDRESS	<b>9146 E. 82ND ST.</b>
CITY-ST-ZIP	<b>MOODY BEACH ME</b>	2.4 CITY-ST-ZIP	<b>INDIANAPOLIS, IN 46256</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUBEK, RICHARD</b>	3.2 NAME	<b>SEC. DAUBIS, DOUG</b>
STREET ADDRESS	<b>5 DOVER TRAIL</b>	3.3 STREET ADDRESS	<b>73 WILDWOOD RD.</b>
CITY-ST-ZIP	<b>PEACHTREE CITY GA</b>	3.4 CITY-ST-ZIP	<b>GEORGETOWN, ONT. CANADA - L7G 4S8</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TZOUNTZOURIS, SAM</b>	4.2 NAME	
STREET ADDRESS	<b>74 CHESTER CRESCENT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT PERRY ON</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TORSTVEIT, JOHN</b>	5.2 NAME	<b>D RUFFER, THOMAS</b>
STREET ADDRESS	<b>939 BOWERS LAKE RD</b>	5.3 STREET ADDRESS	<b>35 SHORE DR.</b>
CITY-ST-ZIP	<b>MILTON WI</b>	5.4 CITY-ST-ZIP	<b>BUILFORD, CT 06437</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Oral Martin* 4/20/98 911-765-5900

CR2E037 (10/97)