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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N00587**

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



2. Principal Place of Business

2a. Mailing Address

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2372532**

Applied For  
 Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE

NAME ORAL MARTIN  
 STREET ADDRESS 6895 ESTERO BLVD #554  
 CITY-ST-ZIP FT MYERS BCH FL 33931

1.1 TITLE  Change  Addition

PD JOHN DEVRIES SR.  
 9146 E. 82ND ST.  
 INDIANAPOLIS, IN 46256

TITLE VP  DELETE

NAME DEVRIES, JOHN SR  
 STREET ADDRESS 9146 E 82ND ST  
 CITY-ST-ZIP INDIANAPOLIS IN 46256

2.1 TITLE  Change  Addition

VP ROSALIE SPENGLER  
 6891 ESTERO Blvd. #352  
 FT. MYERS BEACH, FL 33931

TITLE S  DELETE

NAME DAVIES, DOUG  
 STREET ADDRESS 73 WILDWOOD RD  
 CITY-ST-ZIP GEORGETOWN ON L7G-4

3.1 TITLE  Change  Addition

SE GREGORY JATES  
 6893 ESTERO Blvd. #434  
 FT. MYERS BEACH, FL 33931

TITLE TD  DELETE

NAME TZOUNTZOURIS, SAM  
 STREET ADDRESS 74 CHESTER CRESCENT  
 CITY-ST-ZIP PORT PERRY ON

4.1 TITLE  Change  Addition

TD SAM TZOUNTZOURIS  
 74 CHESTER CRESCENT  
 PORT PERRY ONTARIO, CANADA  
 L9L1K8

TITLE D  DELETE

NAME PUFFER, THOMAS  
 STREET ADDRESS 35 SHORE DR  
 CITY-ST-ZIP GUILFORD CT 06437

5.1 TITLE  Change  Addition

D THOMAS PUFFER  
 35 SHORE DR.  
 GUILFORD, CT 06437

TITLE  DELETE

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: *Katherine Harris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

941-765-5900

Daytime Phone #

CR2F037-11108