

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00587**

1. Entity Name

**ESTERO COVE CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90051 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6891 ESTERO BLVD.  
 FT. MYERS BEACH FL 33931

6891 ESTERO BLVD.  
 FT. MYERS BEACH FL 33931-4637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2372532**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V**  Delete  
 NAME **SPENGLER, ROSALIE**  
 STREET ADDRESS **6891 ESTERO BLVD #352**  
 CITY-ST-ZIP **FT MYERS BCH FL 33931**

TITLE **(D)**  Change  Addition  
 NAME **ALEX RUIZ-TORRES**  
 STREET ADDRESS **6895 ESTERO BLVD #525**  
 CITY-ST-ZIP **FT. MYERS BEACH, FL 33931**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **YATES, GREGORY**  
 STREET ADDRESS **6893 ESTERO BLVD #434**  
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **(TD)**  Change  Addition  
 NAME **William Sebastian**  
 STREET ADDRESS **156 HERITAGE DR.**  
 CITY-ST-ZIP **NICHOLASVILLE, KY 40356-2405**

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

TITLE **(V)**  Change  Addition  
 NAME **THOMAS PUFFER**  
 STREET ADDRESS **35 SHORE DR.**  
 CITY-ST-ZIP **GUILFORD CT. 06437**

TITLE **TD**  Delete  
 NAME **TZOMTZOURIS, SAM**  
 STREET ADDRESS **74 CHESTER CRESCENT**  
 CITY-ST-ZIP **PORT PERRY, ONTARIO L9L1K8**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Devries Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 941-765-5900  
 Date Daytime Phone #

CR2E037 (9/99)