

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90045 012 ****70.00

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DOCUMENT # N00587					
1. Entity 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		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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FISHER, SUSAN 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T,D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DARIN, GENE		NAME		
STREET ADDRESS	65 OWEN RD		STREET ADDRESS		
CITY-ST-ZIP	MERIDEN, CT 06450		CITY-ST-ZIP		
TITLE	P,D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUFFER, BARBARA		NAME		
STREET ADDRESS	35 SHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GUILFORD, CT 06437		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEVRIES, JOHN		NAME	SPIESS, LOWELL	
STREET ADDRESS	9146 E 82ND ST		STREET ADDRESS	4606 LAKESHORE ROAD	
CITY-ST-ZIP	INDIANAPOLIS, IN 46256		CITY-ST-ZIP	GRATIOT, MI 48059	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENGLER, RICHARD		NAME		
STREET ADDRESS	271 MARVE DR		STREET ADDRESS		
CITY-ST-ZIP	LANCASTER, OH 43130		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUTKOWSKI, HARRY		NAME		
STREET ADDRESS	1612 REAMER STREET		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15226		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Lowell W Spiess</i>		Date: <i>3-15-04</i>		Daytime Phone #: <i>765-5900</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					