

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 01, 2006  
Secretary of State**

DOCUMENT# N00587

Entity Name: ESTERO COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6891 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

6891 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931

**New Mailing Address:**

FEI Number: 59-2372532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FISHER, SUSAN  
6891 ESTERO BLVD  
FORT MYERS BEACH, FL 33931      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T      ( ) Delete  
Name: DARIN, GENE  
Address: 20 NEW BRITIAN RD  
City-St-Zip: OLD LYME, CT 06371

Title: P      ( ) Delete  
Name: PUFFER, BARBARA  
Address: 35 SHORE DRIVE  
City-St-Zip: GUILFORD, CT 06437

Title: SD      ( ) Delete  
Name: SPIESS, LOWELL  
Address: 4606 LAKESHORE RD  
City-St-Zip: GRATIOT, MI 48059

Title: D      ( ) Delete  
Name: ENGLE, RICHARD  
Address: 271 MARVE DR  
City-St-Zip: LANCASTER, OH 43130

Title: VP      ( ) Delete  
Name: BUTKOWSKI, HARRY  
Address: 1612 REAMER STREET  
City-St-Zip: PITTSBURGH, PA 15226

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P      (X) Change ( ) Addition  
Name: SPIESS, LOWELL  
Address: 4606 LAKESHORE ROAD  
City-St-Zip: FORT GRATIOT, MI 48059

Title: SD      (X) Change ( ) Addition  
Name: SAKER, PAUL  
Address: 1571 1/2  
City-St-Zip: MANASQAN, NJ 08736

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: HAERR, JACK  
Address: 2621 1ST AVENUE  
City-St-Zip: OXFORD, WI 53952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOWELL SPIESS

P

02/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date