


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90017 044 ****70.00

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARIN, GENE		NAME	Jim Shaffer	
STREET ADDRESS	20 NEW BRITIAN RD		STREET ADDRESS	1347 Mineral Lake Port	
CITY-ST-ZIP	OLD LYME, CT 06371		CITY-ST-ZIP	Brownburg, In 46112	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D Richard Engle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIESS, LOWELL		NAME	1428 Meadow Ridge Dr.	
STREET ADDRESS	4606 LAKESHORE ROAD		STREET ADDRESS	LANCASTER, OH 43130	
CITY-ST-ZIP	FORT GRATIOT, MI 48059		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKER, PAUL		NAME		
STREET ADDRESS	1571 1/2		STREET ADDRESS		
CITY-ST-ZIP	MANASQAN, NJ 08736		CITY-ST-ZIP		
TITLE	XVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIN, RICHARD		NAME		
STREET ADDRESS	9000 S OAKLY AVE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60620		CITY-ST-ZIP		
TITLE	XVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAERR, JACK		NAME		
STREET ADDRESS	2621 1ST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OXFORD, WI 53952		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 exemptions contained 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 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>Jack E. Haerr</i>		2/13/08		239-765-5900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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4. FEI Number 59-2372532 Applied For Not Applicable

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