

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00587

FILED
Jan 08, 2009
Secretary of State

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: SHAFFER, JIM
Address: 1347 MINERAL LAKE PORT
City-St-Zip: BROWNSBURG, IN 46112

Title: D () Delete
Name: ENGLE, RICHARD
Address: 1428 MEADOW RIDGE DR.
City-St-Zip: LANCASTER, OH 43130

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

Title: T () Delete
Name: CRAIN, RICHARD
Address: 9000 S OAKLEY AVE
City-St-Zip: CHICAGO, IL 60620

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change () Addition
Name: CRAIN, RICHARD
Address: 9000 S OAKLEY AVE
City-St-Zip: CHICAGO, IL 60620

Title: P (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 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: SUSAN C. FISHER

_____ Electronic Signature of Signing Officer or Director

CAM

01/08/2009

_____ Date