

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90181 039 \*\*\*\*61.25

**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.

City & State

Zip Country

4. FEI Number **59-2372532**  
Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *SUSAN FISHER*  
Street Address (P.O. Box Number is Not Acceptable)  
*SAME*  
City *SAME* FL Zip Code *SAME*

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 *Susan C Fisher*  
Signature, typed or printed name of registered agent and title if applicable.

*1/27/03*  
DATE

(NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$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 **VD**  Delete  
NAME **PRATT, ROBERT**  
STREET ADDRESS **2408 SCHOOL ROAD**  
CITY-ST-ZIP **HAMILTON OH 45013**

TITLE *Trea.*  Change  Addition  
NAME *Gene Darin*  
STREET ADDRESS *65 Gwen Rd*  
CITY-ST-ZIP *Meriden, Ct 06450*

TITLE **TD**  Delete  
NAME **PUFFER, BARBARA**  
STREET ADDRESS **35 SHORE DRIVE**  
CITY-ST-ZIP **GUILFORD CT 06437**

TITLE **Pres.**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **DANT, ROBERT**  
STREET ADDRESS **9103 LAKERIDGE DRIVE**  
CITY-ST-ZIP **LOUISVILLE KY 40272**

TITLE **John DeVries**  Change  Addition  
NAME  
STREET ADDRESS *9146 E. 82nd St*  
CITY-ST-ZIP *Indianapolis, In 46256*

TITLE **PD**  Delete  
NAME **RUMBLE, CHARLES**  
STREET ADDRESS **6899 ESTERO BOULEVARD #234**  
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **Director**  Change  Addition  
NAME *Richard Engle*  
STREET ADDRESS *271 Marvel Dr*  
CITY-ST-ZIP *Lancaster, Oh 43130*

TITLE **D**  Delete  
NAME **BUTKOWSKI, HARRY**  
STREET ADDRESS **1612 REAMER STREET**  
CITY-ST-ZIP **PITTSBURGH PA 15226**

TITLE **Vice Pres.**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *SIGNATURE REQUIRED* *1/27/03* *203-457-0231*

CR2E037 (10/02)