

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03000002675

1. Entity Name

ESTERO BAYSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**7205 ESTERO BLVD
FT MYERS BEACH, FL 33931**

Mailing Address

**7205 ESTERO BLVD
FT MYERS BEACH, FL 33931**



01182005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0669553

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCNABB, JOY
7205 ESTERO BLVD
FT MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MCNABB, JOY
STREET ADDRESS	22724 ISLAND PINES WAY #503
CITY-ST-ZIP	FT MYERS BEACH, FL 33931
TITLE	VS
NAME	WESTHAFFER, CHARLES
STREET ADDRESS	7693 PEBBLE CREEK CIRCLE #303
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D
NAME	WEIGAND, DON
STREET ADDRESS	980 NORTH HILL LANE
CITY-ST-ZIP	CINCINNATI, OH 45224
TITLE	D
NAME	MARONCELLI, VALERIO
STREET ADDRESS	6869 SILVER LANE
CITY-ST-ZIP	DEARBORN HEIGHTS, MI 48127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000211629
02/02/05-80127-005 61.25**

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/05 540-420-0010