2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002675

FILED Feb 25, 2006 Secretary of State

Entity Name: ESTERO BAYSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7205 ESTERO BLVD 22628 ISLAND PINES WAY FT MYERS BEACH, FL 33931 FT MYERS BEACH, FL 33931 **Current Mailing Address: New Mailing Address:** 7205 ESTERO BLVD 22628 ISLAND PINES WAY FT MYERS BEACH, FL 33931 FT MYERS BEACH, FL 33931 FEI Number: 01-0669553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MCNABB, JOY MCNABB, JOY 22628 ISLAND PINES WAY 7205 ESTERO BLVD FT MYERS BEACH, FL 33931 US US FT MYERS BEACH, FL 33931 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: JOY MCNABB 02/25/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCNABB, JOY Name: Name: 22724 ISLAND PINES WAY #503 Address: Address: City-St-Zip: FT MYERS BEACH, FL 33931 City-St-Zip: Title: () Delete Title: () Change () Addition WESTHAFER, CHARLES Name: Name: Address: 7693 PEBBLE CREEK CIRCLE #303 Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition WEIGAND, DON Name: Name: Address: 980 NORTH HILL LANE Address: City-St-Zip: CINCINNATTI, OH 45224 City-St-Zip: () Delete Title: Title: () Change () Addition MARONCELLI, VALERIO Name: Name: Address: 6869 SILVERY LANE Address: City-St-Zip: DEARBORN HEIGHTS, MI 48127 City-St-Zip:

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: JOY MCNABB PT 02/25/2006