


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90017 019 ****61.25

DOCUMENT # N03000002675 1. Entity Name ESTERO BAYSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 22628 ISLAND PINES WAY FT MYERS BEACH, FL 33931			Mailing Address 22628 ISLAND PINES WAY #501 FT MYERS BEACH, FL 33931		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O BENSONS INC			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12650 WHITEHALL DR			
City & State		City & State FORT MYERS, FL		4. FEI Number 01-0669553	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33907		Country LEE		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCNABB, JOY 22628 ISLAND PINES WAY FT MYERS BEACH, FL 33931			7. Name and Address of New Registered Agent Name VANDALL, BONITA D Street Address (P.O. Box Number is Not Acceptable) 12650 WHITEHALL DR City FORT MYERS FL Zip Code 33907		
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 <u>B. D. Vandall</u> BONITA D. VANDALL 2-28-07 <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, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	PT MCNABB, JOY 22724 ISLAND PINES WAY #503 FT MYERS BEACH, FL 33931		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALZTONI, WALLY 22628 ISLAND PINES WAY #503 FT MYERS BEACH, FL 33931	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS WESTHAFFER, CHARLES 7693 PEBBLE CREEK CIRCLE #303 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEIGAND, DON 960 NORTH HILL LANE CINCINNATI, OH 45224		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARONCELLI, VALERIO 6869 SILVERY LANE DEARBORN HEIGHTS, MI 48127		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 names empowered.					
SIGNATURE: <u>Charles Westhaffer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/07/07 <small>Date</small>		765-1000 <small>Daytime Phone #</small>

40040308



02272007 Chg-NP CR2E037 (12/06)