
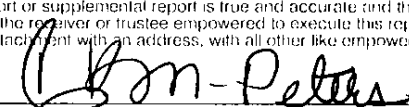


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2008 8:00 am**  
**Secretary of State**

07-30-2008 90029 025 \*\*\*\*61.25

<b>DOCUMENT # N03000007277</b> 1. Entity Name <b>THE ESTUARY AT PUNTA GORDA ISLES, INC.</b>					
Principal Place of Business <b>3233 PURPLE MARTIN DRIVE PUNTA GORDA, FL 33950</b>			Mailing Address <b>3233 PURPLE MARTIN DRIVE BOX 7 PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MEREDITH-PETERS, DEBRA K 7378 PARKINSONIA PLACE PUNTA GORDA, FL 33955</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEREDITH-PETERS, DEBRA K		NAME		
STREET ADDRESS	7378 PARKINSONIA PLACE		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINDEY, DEBBIE		NAME		
STREET ADDRESS	1896 JASON COURT		STREET ADDRESS		
CITY-ST-ZIP	COMMERCE TOWNSHIP, MI 48382		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISON, PATRICIA		NAME		
STREET ADDRESS	5410 EAST HAMMOND LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48301		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					