

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010267

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** ESTERO COMMUNITY SAFETY, EDUCATION AND EMERGENCY FUND, INC.

**Current Principal Place of Business:**

21500 THREE OAKS PKWY  
ESTERO, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

21500 THREE OAKS PKWY  
ESTERO, FL 33928

**New Mailing Address:**

**FEI Number:** 61-1486098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMOS, MARIA  
21500 THREE OAKS PARKWAY  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COULTER, TODD  
**Address:** 21500 THREE OAKS PKWY  
**City-St-Zip:** ESTERO, FL 33928

**Title:** ST  
**Name:** LINDENMUTH, SUSAN  
**Address:** 21500 THREE OAKS PKWY  
**City-St-Zip:** ESTERO, FL 33928

**Title:** D  
**Name:** BROWNLEE, GLENN  
**Address:** 21500 THREE OAKS PKWY  
**City-St-Zip:** ESTERO, FL 33928

**Title:** M  
**Name:** VANDERBROOK, SCOTT A  
**Address:** 21500 THREE OAKS PKWY  
**City-St-Zip:** ESTERO, FL 33928

I hereby 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 all other like empowered.

**SIGNATURE:** SCOTT A VANDERBROOK

M

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date