2008 NOT-FOR-PROFIT CORPORATION

Apr 07, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N04000004517 04-07-2008 90047 037 ****61.25 ESPLANADE I CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O VOLHR CORPORATION 720 N COLLIER BLVD MARCO ISLAND, FL 34145 606 BALD EAGLE DRIVE STE 620 MARCO ISLAND, FL. 34145 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04012008 Cha-NP CR2E037 (12/06) 4. FEI Number 55-0868478 City & State City & State Applied For Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODWARD, CRAIG ESQ Street Address (P.O. Box Number is Not Acceptable) BALD EAGLE DRIVE, 5TH FLR MARCO ISLAND, FL 34145 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP TITLE Delete ☐ Addition TITLE ☐ Change GORDON, PIERETTE NAME NAME STREET ADDRESS 720 N COLLIER BLVD #201 STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP Detete ☐ Addition TITLE TITLE ☐ Change NAME CASSELLO, ELLEN NAME STREET ADDRESS 17340 KOMBARJ AVE STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH HOLLAND, IL 60473 Acsident TITLE Change ☐ Addition TITLE ☐ Delete NAME MOORE, JOHN NAME 11005 COLLIER BLVD. #1121 STREET ADDRESS STREET ADDRESS MARCO ISLAND, FL 34145 CITY-ST-ZIP CITY-ST-ZIP ☐ Change **FO** Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP F1.34145 ☐ Delete TITLE Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME

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 of the receiver of the corporation or the receiver of the receiver of the corporation or the receiver of the receiver of the corporation or the receiver of the

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

FILED