2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000008496

Entity Name: ESTERO COUNCIL OF COMMUNITY LEADERS, INC.

Current Principal Place of Business:

C/O DONALD ESLICK
23650 VIA VENETO, UNIT 604
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

C/O DONALD ESLICK
23650 VIA VENETO, UNIT 604
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 20-1606763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESLICK, DONALD F
23650 VIA VENETO
UNIT 604
BONITA SPRINGS, FL 34134 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:	D	( ) Delete
Name:	MEEKER, JACK	
Address:	23701 COPPERLEAF BOULEVARD	
City-St-Zip:	BONITA SPRINGS, FL 34135 US	
Title:	D	( ) Delete
Name:	VILNIUS, DONALD	
Address:	22199 NATURES COVE CT	
City-St-Zip:	ESTERO, FL 33928 US	
Title:	D	( ) Delete
Name:	ESLICK, DONALD F	
Address:	23650 VIA VENETO	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	D	( ) Delete
Name:	LEVY, SAM	
Address:	23051 WHISPERING RIDGE DR	
City-St-Zip:	BONITA SPRINGS, FL 34135 US	
Title:	D	( ) Delete
Name:	SMITH, CHRIS	
Address:	19649 VINTAGE TRACE CIRCLE	
City-St-Zip:	FT MYERS, FL 33912 US	
Title:	D	( ) Delete
Name:	SAUNDERS, FAIE	
Address:	19496 SILVER OAK DRIVE	
City-St-Zip:	FT MYERS, FL 33912 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	EDWARDS, MARILYN	
Address:	9240 SPRING RUN BOULEVARD	
City-St-Zip:	BONITA SPRINGS, FL 34135 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: DONALD F. ESLICK MR 01/16/2009
Electronic Signature of Signing Officer or Director — Date