
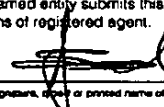
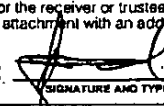


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-05-2006 90195 026 ****61.25

DOCUMENT # N05000000134 1. Entity Name ESTERO VERDE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 26251 S. TAMiami TRAIL SUITE 6 BONITA SPRINGS, FL 34134			Mailing Address 26251 S. TAMiami TRAIL SUITE 6 BONITA SPRINGS, FL 34134		
2. Principal Place of Business 27800 OLD 41 RD		3. Mailing Address 27800 OLD 41 RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL		4. FEI Number 20-3158706	
Zip 34135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUBIK, DOUG 26251 S. TAMiami TRAIL SUITE 6 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent Name: STERLING PROPERTY SERVICES Street Address (P.O. Box Number is Not Acceptable): 27800 OLD 41 RD City: BONITA SPRINGS FL Zip Code: 34135		
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: 		ANTHONY SHEFFERD (AS AGENT)		4/25/06	
Filing Fee is \$81.25 Due by May 1, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUBIK, DOUG <input type="checkbox"/> Delete 26251 S. TAMiami TRAIL SUITE 6 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO MAHAN, LEROY <input type="checkbox"/> Delete 26251 S. TAMiami TRAIL SUITE 6 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUBIK, LESLEY <input type="checkbox"/> Delete 26251 S. TAMiami TRAIL SUITE 6 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUBIK, LESLEY <input type="checkbox"/> Delete 26251 S. TAMiami TRAIL SUITE 6 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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 like empowered.					
SIGNATURE: 		ANTHONY SHEFFERD (AS AGENT)		4/25/06 (239) 947-4552	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66019379

