


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90038 016 ****61.25

DOCUMENT # N05000000134 1. Entity Name ESTERO VERDE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135			Mailing Address 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # 27180 BAY LANDING DR.		3. Mailing Address 27180 BAY LANDING DR.			
Suite, Apt. #, etc. 4		Suite, Apt. #, etc. 4			
City & State		City & State		4. FEI Number 20-3158706	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERLING PROPERTY SERVICES 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 27180 BAY LANDING DR. Suite 4 City FL 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>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, ARLENE 19915 ESTERO VERDE DR FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, TRENT 19909 ESTERO VERDE DR FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALEZ, DAN 19921 ESTERO VERDE DR FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Oleander L. Williams as agent</i></u> 2/20/08 239 947-4552 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					