

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005224

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE RESERVE AT ESTERO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CARDINAL MGMT GROUP, S. FLORIDA INC
5067 TAMiami TRAIL E
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

CARDINAL MGMT GROUP, S. FLORIDA INC
5067 TAMiami TRAIL E
NAPLES, FL 34113

New Mailing Address:

FEI Number: 20-3860404 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOLL FL II LIMITED PARTNERSHIP
28341 SOUTH TAMiami TRAIL., SUITE 4
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: P () Delete
Name: HAINS, GARY
Address: 19589 CALADSI DRIVE
City-St-Zip: FT. MYERS, FL 33967

Title: S/T () Delete
Name: GARLIN, GENE
Address: 19589 COLADESI DRIVE
City-St-Zip: FT. MYERS, FL 33967

Title: D () Delete
Name: ROBINSON, JAMES
Address: 9307 LA BIANCO STREET
City-St-Zip: FT. MYERS, FL 33967

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: V () Change (X) Addition
Name: MANNERS, JIM
Address: 19589 CALADESI DR
City-St-Zip: FT. MYERS, FL 33967

Title: D () Change (X) Addition
Name: REERS, BRIARS
Address: 9100 ASTONIA WAY
City-St-Zip: FT. MYERS, FL 33967

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: GARY HAINS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date