



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90081 031 \*\*\*\*61.25

<b>DOCUMENT # N05000006001</b> 1. Entity Name <b>ESTERO PARK COMMONS MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CORKSCREW ROAD ASSOCIATES LP 27599 RIVERVIEW CENTER BLVD. #105 BONITA SPRINGS, FL 34134</b>			Mailing Address <b>C/O CORKSCREW ROAD ASSOCIATES LP 27599 RIVERVIEW CENTER BLVD. #105 BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business - No P.O. Box # <b>C/O Corkscrew Road Assoc. LP</b>		3. Mailing Address <b>C/O Corkscrew Road Assoc. LP</b>		<b>40072570</b> 	
Suite, Apt. #, etc. <b>9530 Marketplace Rd, Ste 301</b>		Suite, Apt. #, etc. <b>9530 Marketplace Rd, Ste 301</b>		02022007 Chg-NP CR2E037 (12/06)	
City & State <b>FT. MYERS, FL</b>		City & State <b>FT. MYERS, FL</b>		4. FEI Number <b>20-3253788</b>	
Zip <b>33912</b>		Country <b>LEE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>COHEN &amp; GRIGSBY, P.C. 27200 RIVERVIEW CENTER BLVD. SUITE 309 BONITA SPRINGS, FL 34134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGARVEY, JOHN S 27599 RIVERVIEW CENTER BLVD. #105 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McGarvey, John S. 9530 Marketplace Road, Ste 301 Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGARVEY, JOANNE H 27599 RIVERVIEW CENTER BLVD. #105 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD McGarvey, Joanne H. 9530 Marketplace Road, Suite 301 Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRICE, WILLIAM G 27599 RIVERVIEW CENTER BLVD. #105 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Price, William G. 9530 Marketplace Road, Suite 301 Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <b>X JSQ</b>			4-12-07		239-738-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #