

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006001

FILED
Apr 29, 2009
Secretary of State

Entity Name: ESTERO PARK COMMONS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

9250 CORKSCREW RD
UNIT #8
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

9250 CORKSCREW RD
UNIT #8
ESTERO, FL 33928

New Mailing Address:

FEI Number: 20-3253788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELECT ASSET MANAGEMENT, INC.
9250 CORKSCREW RD
UNIT #8
ESTERO, FL 33928 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: PD () Delete
Name: ELLER, STEPHIN
Address: 9810 ESTERO PARK COMMONS BLVD. 8TH
City-St-Zip: ESTERO, FL 33928

Title: V () Delete
Name: PRICE, MATTHEW
Address: 9530 MARKET PLACE RD. SUITE 301
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete
Name: GIROUX, MICHELE
Address: 9250 CORKSCREW RD. #4
City-St-Zip: ESTERO, FL 33928

Title: S () Delete
Name: MILLER, STEPHANIE
Address: 9250 CORKSCREW RD. #8
City-St-Zip: ESTERO, FL 33928

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: () 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: STEPHANIE MILLER

MGRM

04/29/2009

Electronic Signature of Signing Officer or Director

Date