## 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:		New Principal Place of Business:		
	SCREW RD			
JNIT #8 :STERO, F	2000			
STERO, F	L 33920			
urrent Mailing Address:		New Mailing Address:		
250 COR	SCREW RD			
NIT #8				
STERO, F	-L 33928			
Il Number:	20-3253788	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of C	Current Registered Agent:	Name and Address	s of New Registered Agent:
250 CORI NIT #8	SSET MANAG KSCREW RD FL 33928 US	BEMENT, INC.		
				ered office or registered agent, or both,
	named entity : of Florida.	submits this statement for the	purpose of changing its registe	red office of registered agent, or both,
the State	of Florida.	submits this statement for the	purpose of changing its registe	red office of registered agent, of both,
	of Florida. E:	submits this statement for the nic Signature of Registered Ag		Date
the State IGNATUR	of Florida. E:	nic Signature of Registered Ag	ent	
the State GNATUR	of Florida. EE: Electror  AND DIREC	nic Signature of Registered Ag	ent	Date
the State GNATUR FFICERS le: me:	of Florida.  Electror  AND DIREC  PD ()  ELLER, STEPH	nic Signature of Registered Ag TORS: Delete	ent  ADDITIONS/CHAN  Title:  Name:	Date IGES TO OFFICERS AND DIRECTOR
the State GNATUR FFICERS le: me: dress:	of Florida.  Electron  AND DIREC  PD ( )  ELLER, STEPH 9810 ESTERO	nic Signature of Registered Ag TORS: Delete IIN PARK COMMONS BLVD. 8TH	ent  ADDITIONS/CHAN  Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTOR
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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