

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02/14/07 90168 001 \$70.00

**DOCUMENT # N05000009514**

1. Entity Name  
**ESTERO COMMUNITY IMPROVEMENT FOUNDATION,  
INC.**



Principal Place of Business  
**20981 ANDIRON PLACE  
ESTERO, FL 33928**

Mailing Address  
**20981 ANDIRON PLACE  
ESTERO, FL 33928**

40016860



01102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3957298**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ESLICK, DONALD F  
23650 VIA VENETO UNIT 604  
BONITA SPRINGS, FL 34134**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
ESLICK, DONALD F  
23650 VIA VENETO, UNIT 604  
BONITA SPRINGS, FL 34134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
ROSENTHAL, ARNOLD  
20981 ANDIRON PLACE  
ESTERO, FL 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
LEVY, SAM  
23051 WHISPERING RIDGE DR.  
BONITA SPRINGS, FL 34135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
SMITH, CHRIS  
19649 VINTAGE TRACE CIR.  
FT. MYERS, FL 33912**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
DRONKERS, DAN  
23240 GRASSY PINE DR.  
ESTERO, FL 33928**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 or without like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/07 239-949-4050