

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009514

FILED
Jan 16, 2009
Secretary of State

Entity Name: ESTERO COMMUNITY IMPROVEMENT FOUNDATION, INC.

Current Principal Place of Business:

20981 ANDIRON PLACE
ESTERO, FL 33928

New Principal Place of Business:

23650 VIA VENETO
UNIT 604
BONITA SPRINGS, FL 34134

Current Mailing Address:

23650 VIA VENETO
UNIT 604
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-3957298 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESLICK, DONALD F
23650 VIA VENETO
UNIT 604
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: DIR () Delete
Name: ESLICK, DONALD F
Address: 23650 VIA VENETO, UNIT 604
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DIR () Delete
Name: ROSENTHAL, ARNOLD
Address: 20981 ANDIRON PLACE
City-St-Zip: ESTERO, FL 33928

Title: DIR () Delete
Name: LEVY, SAM
Address: 23051 WHISPERING RIDGE DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DIR () Delete
Name: SMITH, CHRIS
Address: 19649 VINTAGE TRACE CIR.
City-St-Zip: FT. MYERS, FL 33912

Title: DIR () Delete
Name: DRONKERS, DAN
Address: 23240 GRASSY PINE DR.
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:

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: DONALD F. ESLICK

MR

01/16/2009

Electronic Signature of Signing Officer or Director

Date