

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

40072568

<b>DOCUMENT # N06000001041</b>			
<b>1. Entity Name</b> ESTERO PARK COMMONS BUILDINGS THREE & FOUR CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> 27599 RIVERVIEW CENTER BOULEVARD SUITE 105 BONITA SPRINGS, FL 34134		<b>Mailing Address</b> 27599 RIVERVIEW CENTER BOULEVARD SUITE 105 BONITA SPRINGS, FL 34134	
<b>2. Principal Place of Business - No P.O. Box #</b> 9250 Corkscrew Rd. Suite, Apt. #, etc. #8 City & State Estero, FL Zip 33928 Country Lee		<b>3. Mailing Address</b> 9250 Corkscrew Rd. Suite, Apt. #, etc. #8 City & State Estero, FL Zip 33928 Country Lee	
02022007		Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 04-1706469		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> COHEN & GRIGSBY, P.C. 27200 RIVERVIEW CENTER BOULEVARD SUITE 309 BONITA SPRINGS, FL 34134		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> MCGARVEY, JOHN S 27599 RIVERVIEW CENTER BOULEVARD #105 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Members</b> Stephanie Miller - Select Real Estate 9250 Corkscrew Rd. #8 Estero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> MCGARVEY, JOANNE H 27599 RIVERVIEW CENTER BOULEVARD #105 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Members</b> Gregory Toth - Select Real Estate 9250 Corkscrew Rd. #8 Estero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> PRICE, WILLIAM G 27599 RIVERVIEW CENTER BOULEVARD #105 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Members</b> Robert Kaderly - Veterinarian 9220 Estero Park Commons #5 Estero, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		239- 2/17/07 277-1515 <small>Date Daytime Phone #</small>	