## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000002879

Entity Name: VOTE ESTERO, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
11451 PEM ESTERO, F	BROKE RUN L 33928					
Current Mailing Address:				New Mailing Address:		
11451 PEMBROKE RUN ESTERO, FL 33928						
FEI Number: 20-8810779 FEI Number Applied For ( ) FEI Nu			FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
RUEHL, JOHN 11451 PEMBROKE RUN ESTERO, FL 33928 US				RUEHL, JOHN 11451 PEMBROOK RUN ESTERO, FL 33928 US		
The above in the State		submits this statement for the pu	irpose of	f changing i	ts registered	office or registered agent, or both,
SIGNATURE:				04/29/2009		
Electronic Signature of Registered Agent			nt	Date		
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	S TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete MALONEY, MICHAEL 11408 WORCHESTER RUN ESTERO, FL 33928			Title: PD (X) Change ( ) Addition Name: MALONEY, MICHAEL Address: 11408 WORCESTER RUN City-St-Zip: ESTERO, FL 33928		
Title: Name: Address: City-St-Zip:	VD ( ) KURTZ, JAMES 20401 WILDCA ESTERO, FL 3	T RUN DRIVE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	TD ( ) PONCHAK, FRA 21623 BERWIC ESTERO, FL 3	CH RUN		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	SD ( ) GURDIN, LEST 11520 CHAPLIS ESTERO, FL 3	S LANE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ( ) DUARY, CHARI P.O. BOX 97 ESTERO, FL 3			Title: Name: Address: City-St-Zip:	(	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ( ) RUSSO, DAN 11442 STRATH ESTERO, FL 3			Title: Name: Address: City-St-Zip:	(	) Change ()Addition

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: MICHAEL MALONEY PD 04/29/2009