

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33438

FILED
Feb 12, 2004
Secretary of State**Entity Name:** ESTERO COUNTRY CLUB, INC.**Current Principal Place of Business:**19501 VINTAGE TRACE CIRCLE
FORT MYERS, FL 33912**New Principal Place of Business:****Current Mailing Address:**19501 VINTAGE TRACE CIRCLE
FORT MYERS, FL 33912**New Mailing Address:****FEI Number:** 65-0139537 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MCEWEN, LYNN
19501 VINTAGE TRACE CIR
FORT MYERS, FL 33912**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:** PD () Delete
Name: CALDWELL, E. C.
Address: 8530 FAIRWAY BEND
City-St-Zip: FORT MYERS, FL 33912**Title:** SD () Delete
Name: TILLING, BILL
Address: 8619 FAIRWAY BEND DR.
City-St-Zip: FORT MYERS, FL 33912**Title:** TD () Delete
Name: O'CONNOR, DICK
Address: 19542
City-St-Zip: FORT MYERS, FL 33912**Title:** PD () Delete
Name: SMITH, CHRISTOPHER
Address: 19649 VINTAGE TRACE. CR.
City-St-Zip: FORT MYERS, FL 33912**Title:** TD () Delete
Name: ROMANDO, EDWARD
Address: 8411-4 SOUTHBRIDGE DRIVE
City-St-Zip: FORT MYERS, FL 33912**Title:** VPD () Delete
Name: DEANGELIS, GEORGE
Address: 19275 VINTAGE TRACE CIRCLE
City-St-Zip: FORT MYERS, FL 33912**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: SMITH, CHRISTOPHER
Address: 19649 VINTAGE TRACE CIRCLE
City-St-Zip: FORT MYERS, FL 33912**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: ROMANO, ED
Address: 8411-4 SOUTHBRIDGE DRIVE
City-St-Zip: FORT MYERS, FL 33912**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 for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER SMITH

PD

02/12/2004

Electronic Signature of Signing Officer or Director

Date