2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# N33438

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 ( )**

Name and Address of Current Registered Agent:

MCEWEN, LYNN
19501 VINTAGE TRACE CIR
FORT MYERS, FL 33912 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:	PD	( ) Delete
Name:	DEANGELIS, GEORGE	
Address:	19275 VINTAGE TRACE CIRCLE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	SD	( ) Delete
Name:	BOESCH, ARTHUR	
Address:	19709 VINTAGE TRACE CIRCLE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	TD	( ) Delete
Name:	LOPER, ROLAND	
Address:	19603 LOST CREEK DRIVE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	PD	( ) Delete
Name:	DEANGELIS, GEORGE	
Address:	19275 VINTAGE TRACE. CR.	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	TD	(X) Delete
Name:	LOPER, ROLAND	
Address:	19603 LOST CREEK DRIVE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	VPD	(X) Delete
Name:	BRADLEY, GEORGE	
Address:	19203 VINTAGE TRACE CIRCLE	
City-St-Zip:	FORT MYERS, FL 33912	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	LOPER, ROLAND	
Address:	19603 LOST CREEK DRIVE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	MCGUSHIN, JOHN	
Address:	8517 FAIRWAY BEND DRIVE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	VPD	(X) Change ( ) Addition
Name:	BRADLEY, GEORGE	
Address:	19203 VINTAGE TRACE CIRCLE	
City-St-Zip:	FORT MYERS, FL 33912	
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 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: LYNN MCEWEN ATR 04/13/2006

Electronic Signature of Signing Officer or Director — Date