## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33438

Entity Name: ESTERO COUNTRY CLUB, INC.

FILED Jan 09, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

19501 VINTAGE TRACE CIRCLE 19501 VINTAGE TRACE CIRCLE FORT MYERS, FL 33912

FORT MYERS, FL 33967

**Current Mailing Address: New Mailing Address:** 

19501 VINTAGE TRACE CIRCLE 19501 VINTAGE TRACE CIRCLE

FORT MYERS, FL 33912 FORT MYERS, FL 33967

FEI Number: 65-0139537 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MCEWEN, LYNN MCEWEN, LYNN 19501 VINTAGE TRACE CIR 19501 VINTAGE TRACE CIR FORT MYERS, FL 33912 FORT MYERS, FL 33967

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: 01/09/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

LOPER, ROLAND LOPER, ROLAND Name: Name: 19603 LOST CREEK DRIVE Address: 19603 LOST CREEK DRIVE Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33967

(X) Change ( ) Addition Title: SD () Delete Title:

BOESCH, ARTHUR Name: BOESCH, ARTHUR Name:

Address: 19709 VINTAGE TRACE CIRCLE Address: 19709 VINTAGE TRACE CIRCLE City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33967

Title: () Delete Title: TD (X) Change ( ) Addition MCGUSHIN, JOHN Name:

BARCLAY, LEE Name: 8517 FAIRWAY BEND DRIVE Address: Address: 8444 SEDONIA CIRCLE City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33967

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: BRADLEY, GEORGE Name: BRADLEY, GEORGE Address: 19203 VINTAGE TRACE CIRCLE Address: 19203 VINTAGE TRACE CIRCLE City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33967

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 AS 01/09/2007