## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N33438

FILED May 28, 2008 Secretary of State

Entity Name: ESTERO COUNTRY CLUB, INC.

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

19501 VINTAGE TRACE CIRCLE FORT MYERS, FL 33967

Current Mailing Address: New Mailing Address:

19501 VINTAGE TRACE CIRCLE FORT MYERS, FL 33967

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: LOPER, ROLAND Name: MCAVOY, JOSEPH

Name: LOPER, ROLAND Name: MCAVOY, JOSEPH
Address: 19603 LOST CREEK DRIVE Address: 19667 VINTAGE TRACE CIRCLE
City-St-Zip: FORT MYERS, FL 33967 City-St-Zip: FORT MYERS, FL 33967

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

 Name:
 BOESCH, ARTHUR
 Name:
 COLLINS, KATHLEEN

 Address:
 19709 VINTAGE TRACE CIRCLE
 Address:
 8311-4 GRAND PALM DRIVE

 City-St-Zip:
 FORT MYERS, FL 33967
 City-St-Zip:
 FORT MYERS, FL 33967

Title: TD () Delete Title: () Change () Addition

 Name:
 BARCLAY, LEE
 Name:

 Address:
 8444 SEDONIA CIRCLE
 Address:

 City-St-Zip:
 FORT MYERS, FL 33967
 City-St-Zip:

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

Name: BRADLEY, GEORGE Name: CURTIS, BOB

Address: 19203 VINTAGE TRACE CIRCLE Address: 19625 VINTAGE TRACE CIRCLE City-St-Zip: FORT MYERS, FL 33967 City-St-Zip: FORT MYERS, FL 33967

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: LYNN MCEWEN CONT 05/28/2008