2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N33438

Entity Name: ESTERO COUNTRY CLUB, INC.

Current Principal Place of Business:

19501 VINTAGE TRACE CIRCLE
FORT MYERS, FL 33967

New Principal Place of Business:

Current Mailing Address:

19501 VINTAGE TRACE CIRCLE
FORT MYERS, FL 33967

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 33967 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: MCAVOY, JOSEPH
Address: 19667 VINTAGE TRACE CIRCLE
City-St-Zip: FORT MYERS, FL 33967

Title: SD ( ) Delete
Name: COLLINS, KATHLEEN
Address: 8311-4 GRAND PALM DRIVE
City-St-Zip: FORT MYERS, FL 33967

Title: TD ( ) Delete
Name: BARCLAY, LEE
Address: 8444 SEDONIA CIRCLE
City-St-Zip: FORT MYERS, FL 33967

Title: VPD ( ) Delete
Name: CURTIS, BOB
Address: 19625 VINTAGE TRACE CIRCLE
City-St-Zip: FORT MYERS, FL 33967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 AT 01/26/2009

Electronic Signature of Signing Officer or Director — Date