

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45945

FILED
Mar 23, 2009
Secretary of State

Entity Name: ESTERO ISLAND HISTORIC SOCIETY, INC.

Current Principal Place of Business:

161 BAY RD
BAYSTREET
FT MYERS BEACH, FL 33931 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2815
FT MYERS BEACH, FL 33932 US

New Mailing Address:

FEI Number: 65-0310739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTINI, FRAN
191 PRIMO DR
FORT MYERS BEACH, FL 33931 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: P () Delete
Name: RECKWERDT, TED
Address: 274 CURLEW ST
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: T () Delete
Name: SANTINI, FRAN
Address: 191 PRIMO DR
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: S () Delete
Name: DAVIS, SHIRLEY
Address: 8000 LAGOON RD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: V () Delete
Name: HOMMERDING, LEROY
Address: 2755 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D () Delete
Name: HUGHES, JO
Address: 17624 OSPREY INLET CT
City-St-Zip: FORT MYERS BEACH, FL 33908

Title: D () Delete
Name: BASSETT, A J
Address: 118 MANDALAY
City-St-Zip: FORT MYERS BEACH, FL 33931

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
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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: FRAN SANTINI

DIR

03/23/2009

Electronic Signature of Signing Officer or Director

Date