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FILED

Mar 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000825 (7)

1. Corporation Name

MARSH LANDING COMMUNITY ASSOCIATION AT ESTERO, I
NC.

Principal Place of Business

Mailing Address

17595 SOUTH TAMiami TRAIL
SUITE 106
FORT MYERS FL 3390817595 SOUTH TAMiami TRAIL
SUITE 106
FORT MYERS FL 33908-45003. Date Incorporated or Qualified
02/12/1996

3a. Date of Last Report

4. FEI Number

65-0684164

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMILLIN, WES
17595 SOUTH TAMiami TRAIL
SUITE 106
FORT MYERS FL 33908

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MCMILLIN, WES
STREET ADDRESS 17595 SOUTH TAMiami TRAIL, SUITE 106
CITY-ST-ZIP FORT MYERS FL 339081.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME GREVE, PRISCILLA K
STREET ADDRESS 17595 SOUTH TAMiami TRAIL, SUITE 106
CITY-ST-ZIP FORT MYERS FL 339082.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Shapiro, Lawrence
2.3 STREET ADDRESS 2681 Long Lake Road
2.4 CITY-ST-ZIP Roseville, MN 55113TITLE VSTD ☐ DELETE
NAME GLEASON, ROBERT
STREET ADDRESS 17595 SOUTH TAMiami TRAIL, SUITE 106
CITY-ST-ZIP FORT MYERS FL 339083.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056368

CR2E037 (9/96)