


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90501 018 \*\*\*\*61.25


<b>DOCUMENT # N96000000825</b>	
1. Entity Name <b>MARSH LANDING COMMUNITY ASSOCIATION AT ESTERO, INC.</b>	

Principal Place of Business <b>22901 MARSH LANDING BLVD ESTERO FL 33928</b>	Mailing Address <b>C/O MELDON CONSULTANTS 800 HARBOUR DRIVE, SUITE #7/8 NAPLES FL 34103-4451</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E037 (10/04)
4. FEI Number <b>65-0684164</b>	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>MOORE, WILLIAM S C/O MELDON CONSULTANTS 800 HARBOUR DRIVE NAPLES FL 34103-4451</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEDAH, CRAIG	NAME	
STREET ADDRESS	22849 FOREST RIDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDISCO, FRANK J	NAME	
STREET ADDRESS	22905 LONE OAK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMAIO, ROBERT	NAME	
STREET ADDRESS	23215 GRASSY PINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, JOSEPH	NAME	
STREET ADDRESS	23192 MARSH LANDING BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCROW, JAMES R	NAME	
STREET ADDRESS	23197 GRASSY PINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDY, REAGAN	NAME	WALDRON KEVIN
STREET ADDRESS	22999 FOREST RIDGE DRIVE	STREET ADDRESS	22940 WHITE OAK LANE
CITY-ST-ZIP	ESTERO FL 33928	CITY-ST-ZIP	ESTERO, FL 33928

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>James R McCrow</i>	JAMES R McCrow	4/26/05	239 498-1471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #