

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90058 015 \*\*\*\*61.25

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**DOCUMENT # N96000000825**

1. Entity Name

**MARSH LANDING COMMUNITY ASSOCIATION AT ESTERO, I  
NC.**



Principal Place of Business

**BLACKETER & ASSOC., INC.  
8270 COLLEGE PKWY. STE 105  
FORT MYERS FL 33919**

Mailing Address

**BLACKETER & ASSOC., INC.  
8270 COLLEGE PKWY. STE 105  
FORT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0684164**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GUARDIAN PROPERTY MANAGEMENT  
6700 LONE OAK BLVD  
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **William S. Moore**

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

**c/o Meldon Consultants**

**800 Harbour Drive**

City **Naples**

**FL**

Zip Code

**34103-4451**

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

**William S. Moore**

**June 11, 2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGEDAH, CRAIG	
STREET ADDRESS	22849 FOREST RIDGE DRIVE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CORDISCO, FRANK J	
STREET ADDRESS	22905 LONE OAK DRIVE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	DIMAIO, ROBERT	
STREET ADDRESS	23215 GRASSY PINE DRIVE	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

**5-1-2003**

CR2E037 (10/02)