

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000005813		
1. Entity Name THE ESTUARY COMMUNITY ASSOCIATION, INC.		

Principal Place of Business 105 RIVERMIST WAY VERO BEACH, FL 32963 US	Mailing Address C/O VISTA PROP MGMT 100 VISTA ROYALS BLVD VERO BEACH, FL 32962 US
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2. Principal Place of Business		3. Mailing Address C/O ELLIOTT MERRILL COMM. MGMT	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 835 20TH PLACE	
City & State		City & State VERO BEACH FL	
Zip	Country	Zip	Country
32960	USA	32960	USA

**FILED**  
**06 DEC 19 PM 2: 55**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10272006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0722626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOERR, ROGER 105 RIVERMIST WAY VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name KAREN ELLIOTT MERRILL Street Address (P.O. Box Number is Not Acceptable) C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT 835 20th place City VERO BEACH FL Zip Code 32960	
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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 Karen J. Merrill DATE 10/30/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOERR, ROGER C 105 RIVERMIST WAY VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700082646927 12/19/06--01054--001 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HAZEL, DOUGLAS E 105 RIVERMIST WAY VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERTSON, CYNTHIA N 105 RIVERMIST WAY VERO BEACH, FL 32936 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] DATE 10/30/06 DAYTIME PHONE # 772-234-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR