




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N98000007335</b> 1. Entity Name <b>ESTERO BAY BUDDIES, INC.</b>						<b>FILED</b> <b>06 APR 2006</b> <b>APR 12 2006</b> <b>FLORIDA</b> 	
Principal Place of Business <b>ESTERO BAY AQUATIC &amp; STATE BUFFER PRE 700-1 FISHERMANS WHARF FORT MYERS BEACH FL 33931</b>				Mailing Address <b>ESTERO BAY AQUATIC &amp; STATE BUFFER PRE 700-1 FISHERMANS WHARF FORT MYERS BEACH FL 33931</b>			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E037 (10/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>65-0902021</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MCNEILL, DOROTHY C 700-1 FISHERMANS WHARF FORT MYERS BEACH FL 33931</b>				Name <b>Nancy Kilmartin</b> Street Address (P.O. Box Number is Not Acceptable) <b>700-1 Fishermans Wharf</b> City <b>FORT MYERS BEACH FL</b> Zip Code <b>33931</b>			
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 <u><b>Nancy Kilmartin</b></u>  <u><b>4/6/06</b></u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> <span style="float: right;"><small>DATE</small></span>							
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>	
			<b>Make Check Payable to Florida Department of State</b>				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KILMARTIN, NANCY</b> <b>700-1 FISHERMANS WHARF</b> <b>FORT MYERS BEACH FL 33931</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>From VP to President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAIN, TERRI</b> <b>144 BAY MAR DRIVE</b> <b>FORT MYERS BEACH FL 33931</b> <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	<b>T</b> <b>MCNEILL, REGINALD</b> <b>20600 PARK PLACE</b> <b>ESTERO FL 33928</b> <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	<b>D</b> <b>GIGMERE, STEVE</b> <b>700-1 FISHERMAN WHARF</b> <b>FORT MYERS BEACH FL 33931</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LAURA ESTABROOK VP</b> <b>13262 Broadhurst Loop</b> <b>FT. MYERS, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCNEILL, DOROTHY C</b> <b>20600 PARK PL</b> <b>ESTERO FL 33928</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>From President to Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WOHLPART, JIM</b> <b>20741 GRIVELINE CT</b> <b>ESTERO FL 33928</b> <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 Section 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:  **4/07/06** **239-278-7178**



Jeb Bush  
Governor

# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Colleen M. Castille  
Secretary

April 24, 2006

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that Estero Bay Buddies, Inc. is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fees when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Sincerely,

Mike Bullock  
Director  
Florida Park Service

MB/pwf

Attachments