

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N98000007335</b> 1. Entity Name <b>ESTERO BAY BUDDIES, INC.</b>						<b>FILED</b> <b>08 APR 29 AM 7:50</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>ESTERO BAY AQUATIC &amp; STATE BUFFER PRES.          700-1 FISHERMANS WHARF          FORT MYERS BEACH, FL 33931</b>				Mailing Address <b>ESTERO BAY AQUATIC &amp; STATE BUFFER PRES.          700-1 FISHERMANS WHARF          FORT MYERS BEACH, FL 33931</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01162008 Chg-NP CR2E037 (12/06)		4. FEI Number <b>65-0902021</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. Name and Address of Current Registered Agent <b>KILMARTIN, NANCY J          700-1 FISHERMANS WHARF          FORT MYERS BEACH, FL 33931</b>		7. Name and Address of New Registered Agent Name <b>ESTABROOK LAURA</b> Street Address (P.O. Box Number is Not Acceptable) <b>700-1 FISHERMANS WHARF</b> City <b>Fort Myers Beach</b> <b>FL</b> Zip Code <b>33931</b>	
Zip		Country		Zip		Country	
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><i>Jane Stark</i></u> <b>President</b> <span style="float: right;"><u>March 15, 2008</u></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25          Due by May 1, 2008</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>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILMARTIN, NANCY 700-1 FISHERMANS WHARF FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACK HORNER 700-1 FISHERMANS WHARF FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAIN, TERRI 144 BAY MAR DRIVE FORT MYERS BEACH, FL 33931	<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	T MCNEILL, REGINALD 20600 PARK PLACE ESTERO, FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$74/29</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTABROOK, LAURA 13262 BROADHURST LOOP FT MYERS, FL 33919	<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 MCNEILL, DOROTHY C 20600 PARK PL ESTERO, FL 33928	<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	S WOHLPART, JIM 20741 GRIVELINE CT ESTERO, FL 33928	<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.							
<b>SIGNATURE:</b> <u><i>Reginald McNeill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>March 15, 2008</u> <b>239-942-8178</b> <small>Date Daytime Phone #</small>			



## Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

April 24, 2008

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Toner:

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

Please call Mary Hanley at 245-3081 if additional information is needed.

Sincerely,

A handwritten signature in cursive script that reads "Mike Bullock".

Mike Bullock  
Director  
Florida Park Service

MB/mh

Enclosure