

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

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90019 015 \*\*\*\*61.25



**DOCUMENT # N99000001926**

1. Entity Name

ESTERO ART LEAGUE, INC.

Principal Place of Business

BOX 864  
ESTERO FL 33928

Mailing Address

BOX 864  
ESTERO FL 33928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADY, CAROL  
20535 SOUTH TAMiami TRAIL  
ESTERO FL 33928

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	DV	<input type="checkbox"/> Delete
NAME	OREND, DON	
STREET ADDRESS	24043 LONE OAK DR	
CITY - ST - ZIP	ESTERO FL 33928	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BATES, HEIDI	
STREET ADDRESS	9790 SASSAFRAS COURT	
CITY - ST - ZIP	ESTERO FL 33928	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NICHOLS, ALICE	
STREET ADDRESS	10702 RIO MAR CIRCLE	
CITY - ST - ZIP	ESTERO FL 33928	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DUNN, MARILYN	
STREET ADDRESS	4685 LEILANI LANE	
CITY - ST - ZIP	BONITA SPRINGS FL 34134	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HORNE, PAT	
STREET ADDRESS	20584 HIGHLANDS	
CITY - ST - ZIP	ESTERO FL 33928	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, ALICE	
STREET ADDRESS	10702 RIO MAR CIRCLE	
CITY - ST - ZIP	ESTERO FL 33928	

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	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, ALICE	
STREET ADDRESS	20277 FOXWORTH CIR	
CITY - ST - ZIP	ESTERO, FL 33928	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELESTE BORAH	
STREET ADDRESS	9410 SPRINGVIEW LOOP	
CITY - ST - ZIP	ESTERO, FL 33928	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA NEWENHISEH	
STREET ADDRESS	20781 PORT DRIVE	
CITY - ST - ZIP	ESTERO, FL 33928	

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:

*Carol Brady*

1/30/06