


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000001926
 1. Entity Name
ESTERO ART LEAGUE, INC.



Principal Place of Business Mailing Address
BOX 864 **BOX 864**
ESTERO, FL 33928 **ESTERO, FL 33928**

DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BRADY, CAROL
20535 SOUTH TAMiami TRAIL
ESTERO, FL 33928

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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: *Carol Brady* DATE: 4/8/08
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	BROWN, LARRY
STREET ADDRESS	17455 SILVER FOX DR UNIT 1C
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	DP
NAME	SWANSON, EVELYN
STREET ADDRESS	18011 S. TAMiami TR. #16
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	DS
NAME	GOODWIN, LYNN
STREET ADDRESS	20256 GOLDEN PANTHER DR. UNIT 3
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	DS
NAME	CANTONSSE, MARIE
STREET ADDRESS	9097 SPRINGVIEW LOOP
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	DS
NAME	UBARRI, RAQUEL
STREET ADDRESS	8328 TAHITI RD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DT
NAME	NEWENHISEN, BARBARA
STREET ADDRESS	20781 PORT DR
CITY-ST-ZIP	ESTERO, FL 33928

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U00000897378
 04/25/08-80046-005 61.25

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: *Dabara T. [Signature]* DATE: 4/7/08 DAYTIME PHONE #: 239 498 2366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR