PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000043960

FILED Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90027 040 ***150.00

THE GARDENS AT ESTERO, INC. Malling Address Principal Place of Business 27081 MATHESON AVENUE 27081 MATHESON AVENUE BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/08/1998 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3513468 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired... Fee Required 27 \$5.00 May Be City & State City & State 8. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible Zip Country ☐ Yes Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KODSI, DANIEL Street Address (P.O. Box Number is Not Acceptable) 1499 W. PALMETTO PARK ROAD SUITE 200 **BOCA RATON FL 33486** 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am page the obligations of, Section 607.0505, Florida Statutes. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 11 1170 E 1.2 NAME KODSI, DANIEL 27081 MATHESON AVENUE 1.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34135** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 31777F TITLE 3.2 NAME NAME 3.3 STREET ADDRESS **生物性的复数形式通用具有强度** STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ાંડિ Chánge≀ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP Addition Change DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZP CITY-ST-ZIP Addition 6.1 TITLE Change ☐ DELETE TITLE 62 NAME MALE 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changes of an an appearance with an address, with all other like empowered.

SIGNATURE:

E AND TYPES OR PRINTED NAME OF SIGNENG OFFICER OR DIRECTOR

1 7 99 (941) 948-799