Electropic Signature of Signing Officer/Director Detail

DOCUMENT# N33438

Entity Name: ESTERO COUNTRY CLUB, INC.

# **Current Principal Place of Business:**

19501 VINTAGE TRACE CIRCLE ESTERO, FL 33967

# **Current Mailing Address:**

19501 VINTAGE TRACE CIRCLE ESTERO, FL 33967 US

# FEI Number: 65-0139537

### Name and Address of Current Registered Agent:

ROLLINSON, CRAIG 19501 VINTAGE TRACE CIRCLE ESTERO, FL 33967 US

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.

SIGNATURE:	CRAIG ROLLINSON		03/15/2019
	Electronic Signature of Registered Agent		Date
Officer/Direc	tor Detail :		
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, VP
Name	COMSTOCK, CLAIRE	Name	BONNELL, GREGORY
Address	8633 FAIRWAY BEND	Address	19009 VINTAGE TRACE CIRCLE
City-State-Zip:	ESTERO FL 33967	City-State-Zip:	ESTERO FL 33967
Title	DIRECTOR, TREASURER	Title	DIRECTOR, SECRETARY
Name	BERIT, DEBRA	Name	DEBRITA, DONALD
Address	19323 LA SERENA DRIVE	Address	19267 VINTAGE TRACE CIRCLE
City-State-Zip:	ESTERO FL 33967	City-State-Zip:	ESTERO FL 33967
Title	DIRECTOR	Title	DIRECTOR
Name	MEERSMAN, MICHAEL	Name	KENNEDY, MICHAEL
Address	19373 SILVER OAK DRIVE	Address	8391-1 GRAND PALM DRIVE
City-State-Zip:	ESTERO FL 33967	City-State-Zip:	ESTERO FL 33967
Title	DIRECTOR	Title	DIRECTOR
Name	MITCHELL, MARK	Name	HOCHWORTER, TOM
Address	19624 CASA VERDE WAY	Address	8518 FAIRWAY BEND DRIVE
City-State-Zip:	ESTERO FL 33967	City-State-Zip:	ESTERO FL 33967

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DIRECTOR, TREASURER

Continues on page 2

Date

03/15/2019

# FILED Mar 15, 2019 Secretary of State 2659660419CC

Certificate of Status Desired: No

SIGNATURE: DEBRA BERIT

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

# **Officer/Director Detail Continued :**

Title	DIRECTOR		
Name	ROSSELOT, RONALD		
Address	8643 FAIRWAY BEND DRIVE		
City-State-Zip:	ESTERO FL 33967		