


**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90006 043 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N07707</b>					
<b>1. Corporation Name</b> <b>PINE RIDGE AT FT. MYERS VILLAGE I CONDOMINIUM ASSOCIATION, INC.</b>					
<b>Principal Place of Business</b> <b>4801 LAKESIDE CLUB BLVD SE</b> <b>FT MYERS FL 33905</b>			<b>Mailing Address</b> <b>4801 LAKESIDE CLUB BLVD SE</b> <b>FT MYERS FL 33905</b>		



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>02/19/1985</b>	
<b>4. FEI Number</b> <b>59-2534823</b>				<b>Applied For</b> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	

<b>9. Name and Address of Current Registered Agent</b> <b>DEBOEST, SR. R</b> <b>1415 HENDRY STREET</b> <b>P. O. BOX 1480</b> <b>FT. MYERS FL 33902</b>				<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>DEBOEST, II. R c/o ROUZEL AND ANDLESS</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>2320 FIRST STREET SUITE 1000</b> <b>83</b> <b>84 City</b> <b>FT. MYERS</b> <b>FL</b> <b>85 Zip Code</b> <b>33901</b>			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE RICHARD DEBOEST II DATE 8/16/99

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
<b>1.1 TITLE</b> <input type="checkbox"/> DELETE <b>1.2 NAME</b> <b>MAHAN, ROBERT</b> <b>1.3 STREET ADDRESS</b> <b>554 WILLOW STREET</b> <b>1.4 CITY-ST-ZIP</b> <b>WASHINGTON TOWNSHIP NJ 07675</b>				<b>1.1 TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1.2 NAME</b> <b>Houston, Kenneth C.</b> <b>1.3 STREET ADDRESS</b> <b>4762 Blackberry Ln.</b> <b>1.4 CITY-ST-ZIP</b> <b>Ft. Myers, FL 33905</b>			
<b>2.1 TITLE</b> <input type="checkbox"/> DELETE <b>2.2 NAME</b> <b>SCHWAB, GISELA</b> <b>2.3 STREET ADDRESS</b> <b>9611-B GREEN CYPRESS LANE</b> <b>2.4 CITY-ST-ZIP</b> <b>FT MYERS FL 33905</b>				<b>2.1 TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> <b>T</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>			
<b>3.1 TITLE</b> <input checked="" type="checkbox"/> DELETE <b>3.2 NAME</b> <b>THOMPSON, SR ROBERT PETE</b> <b>3.3 STREET ADDRESS</b> <b>9570-19 GREEN CYPRESS LANE</b> <b>3.4 CITY-ST-ZIP</b> <b>FT MYERS FL 33905</b>				<b>3.1 TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3.2 NAME</b> <b>Schaffer, Tom</b> <b>3.3 STREET ADDRESS</b> <b>46-41-9 Lakeside Club Blvd.</b> <b>3.4 CITY-ST-ZIP</b> <b>Ft. Myers, FL 33905</b>			
<b>4.1 TITLE</b> <input type="checkbox"/> DELETE <b>4.2 NAME</b> <b>VP</b> <b>4.3 STREET ADDRESS</b> <b>9650-9 GREEN CYPRESS LANE</b> <b>4.4 CITY-ST-ZIP</b> <b>FT MYERS FL 33905</b>				<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>			
<b>5.1 TITLE</b> <input type="checkbox"/> DELETE <b>5.2 NAME</b> <b>S</b> <b>5.3 STREET ADDRESS</b> <b>BERLINGER, TERRIE</b> <b>5.4 CITY-ST-ZIP</b> <b>9540-24 GREEN CYPRESS LANE</b> <b>5.4 CITY-ST-ZIP</b> <b>FT. MYERS FL 33905</b>				<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>			
<b>6.1 TITLE</b> <input type="checkbox"/> DELETE <b>6.2 NAME</b> <b>T</b> <b>6.3 STREET ADDRESS</b> <b>BUTRICK, JOHN</b> <b>6.4 CITY-ST-ZIP</b> <b>9601-A WINDSOR CLUB CIRCLE</b> <b>6.4 CITY-ST-ZIP</b> <b>FT MYERS FL 33905</b>				<b>6.1 TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>D</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>			

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)