2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004
Secretary of State

DOCUMENT# N07707

Entity Name: PINE RIDGE AT FT. MYERS VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4801 LAKESIDE CLUB BLVD SE
FT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

4801 LAKESIDE CLUB BLVD SE
FT MYERS, FL 33905

New Mailing Address:

FEI Number: 59-2534823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY ST
FORT MYERS, FL 339021507

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	CONNEALLY, JOHN	
Address:	9611-3 GREEN CYPRESS LN	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	D	( ) Delete
Name:	MEEHAN, DEE	
Address:	4572 BLACKBERRY DR	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	TD	( ) Delete
Name:	DEFEO, RONALD	
Address:	9610-14 GREEN CYPRESS LANE	
City-St-Zip:	FT MYERS, FL 33905	
Title:	PD	( ) Delete
Name:	HARMON, NORA	
Address:	4743 BLACKBERRY DR	
City-St-Zip:	FT MYERS, FL 33905	
Title:	D	( ) Delete
Name:	CASSERLY, CHARLES	
Address:	9620-7 VILLA DR	
City-St-Zip:	FORT MYERS, FL 33905	
Title:	VPD	( ) Delete
Name:	PYATT, CARL	
Address:	9650-9 GREEN CYPRESS LN	
City-St-Zip:	FORT MYERS, FL 33905	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA HARMON PD 04/09/2004

Electronic Signature of Signing Officer or Director — Date