200 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90551 006 ****61.25

DOCUMENT # N07707

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

14015145

Principal Place of Business	Mailing Address
4801 LAKESIDE CLUB BLVD SE FT MYERS, FL 33905	4801 LAKESIDE CLUB BLVD SE FT MYERS, FL 33905

02092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2534823 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIELDS, CHRISTOPHER J 1833 HENDRY ST FORT MYERS, FL 33902-1507	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CONNEALLY, JOHN 9611-3 GREEN CYPRESS LN FORT MYERS, FL 33905	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY HELEN CEMINSKY 9502 Royale Dr. Ft. Myers, FL 33905	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEEHAN, DEE 4572 BLACKBERRY DR FORT MYERS, FL 33905	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA MARY DICIE 9581-4 Green Cypress Ln. Ft Myers, FL 33905	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEFEO, RONALD 9610-14 GREEN CYPRESS LANE FT MYERS, FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES DEFEO, RONALD 9610-14 GREEN CYPRESS LANE FT MYERS FL 33905	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARMON, NORA 4743 BLACKBERRY DR FT MYERS, FL 33905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASSERLY, CHARLES 9620-7 VILLA DR FORT MYERS, FL 33905	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANK ROSA 4781-16 Lakeside Club Bl. Ft. Myers, FL 33905	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PYATT, CARL 9650-9 GREEN CYPRESS LN FORT MYERS, FL 33905	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSEPH SANDAMENO 9970-20 Sailview Ct SE Ft. Myers, FL 33905	☐ Change ☑ Addition

12. 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 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: Nora Harmon President 4/28/05 239-693-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #