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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759065 (6)
1. Corporation Name
PINEY PINES OF NORTH FORT MYERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**1221 BARRETT RD.
N. FT. MYERS FL 33903
US** **% BENSON'S INC.
12650 WHITEHALL DR.
N. FT. MYERS FL 33907
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/09/1981** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-2267111** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BENSON, MARK R.
C/O BENSON'S INC.
12650 WHITEHALL DR.
FT MYERS FL 33907**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BOSMAN, RUSS
STREET ADDRESS	1240 HALL ROAD #503
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	ST
NAME	LEADBETTER, RAY
STREET ADDRESS	1230 HALL ROAD #304
CITY-ST-ZIP	NORTH FT. MYERS FL
TITLE	D
NAME	DAVIS, IRENE
STREET ADDRESS	1230 HALL RD., #308
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	D
NAME	CURREN, JAMES
STREET ADDRESS	1210 HALL ROAD #201
CITY-ST-ZIP	NORTH FT. MYERS FL
TITLE	PD
NAME	HAUSER, CARL
STREET ADDRESS	1200 HALL ROAD #103
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	D
NAME	ROJEK, ELEANOR
STREET ADDRESS	1200 HALL RD. #104
CITY-ST-ZIP	N. FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D / V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marlow, Sue
1.3 STREET ADDRESS	1211 Barrett Road, #1102
1.4 CITY-ST-ZIP	North Fort Myers, FL
2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thom, Andrea
2.3 STREET ADDRESS	1220 Hall Road, #403
2.4 CITY-ST-ZIP	North Fort Myers, FL
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bosman, Russ
3.3 STREET ADDRESS	1240 Hall Road, #503
3.4 CITY-ST-ZIP	North Fort Myers, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dolgin, Martin
5.3 STREET ADDRESS	1201 Barrett Road, #1206
5.4 CITY-ST-ZIP	North Fort Myers, FL
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hauser, Carl
6.3 STREET ADDRESS	1200 Hall Road, #103
6.4 CITY-ST-ZIP	North Fort Myers, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Martin Dolgin* 3/7/95 (813) 277-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone/Fax #)

759065

COUNTRY PINES CONDOMINIUM ASSOCIATION, INC.

D
MEREDITH, RALPH
1251 BARRETT ROAD, #703
NORTH FORT MYERS, FL 33903