

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759065 (6)

1. Corporation Name
COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1221 BARRETT RD N. FT. MYERS FL 33903 US	Mailing Address % BENSON'S INC. 12650 WHITEHALL DR. N. FT. MYERS FL 33907 US
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	29
	30

3. Date Incorporated or Qualified 07/09/1981	3a. Date of Last Report 04/18/1995
4. FEI Number 59-2267111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOW, SUE	1.2 NAME	Thom, Andrea
STREET ADDRESS	1211 BARRETT RD #1102	1.3 STREET ADDRESS	1220 Hall Road, #403
CITY-ST-ZIP	N FT. MYERS FL	1.4 CITY-ST-ZIP	North Fort Myers, FL
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOM, ANDREA	2.2 NAME	Elliot, Kathy
STREET ADDRESS	1220 HALL RD #403	2.3 STREET ADDRESS	1200 Hall Road, #107
CITY-ST-ZIP	NORTH FT. MYERS FL	2.4 CITY-ST-ZIP	North Fort Myers, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSMAN, RUSS	3.2 NAME	Lohrbeer, Ellen
STREET ADDRESS	1240 HALL RD #503	3.3 STREET ADDRESS	1231 Hall Road, #1001
CITY-ST-ZIP	N. FT. MYERS FL	3.4 CITY-ST-ZIP	North Fort Myers, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURREN, JAMES	4.2 NAME	
STREET ADDRESS	1210 HALL ROAD #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLGIN, MARTIN	5.2 NAME	
STREET ADDRESS	1201 BARRETT RD, #1206	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSER, CARL	6.2 NAME	Ritter, Kenneth
STREET ADDRESS	1200 HALL RD #103	6.3 STREET ADDRESS	1211 Barrett Road, #1107
CITY-ST-ZIP	N. FT. MYERS FL	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* 2/13/96 (941)277-0718
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM ASSOCIATION, INC.

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Roberson, Linda
1211 Barrett Road, #1106
North Fort Myers, FL 33903