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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759065 (6)

1. Corporation Name
COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM AS SOCIATION, 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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3. Date Incorporated or Qualified 07/09/1981	
4. FEI Number 59-2267111	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24. Country	29. Country
25. Country	30. Country

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	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOHRBEER, ELLEN	
STREET ADDRESS	1231 BARRETT ROAD #1001	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOT, KATHY	
STREET ADDRESS	1200 HALL ROAD #107	
CITY-ST-ZIP	NORTH FORT MYERS F	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOLEY, THERESA	
STREET ADDRESS	1221 BARRETT ROAD, #908	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERSON, LINDA	
STREET ADDRESS	1211 BARRETT ROAD #1106	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOM, ANDREA	
STREET ADDRESS	1220 HALL ROAD,, #403	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RITTER, KENNETH	
STREET ADDRESS	1211 BARRETT ROAD #1107	
CITY-ST-ZIP	NORTH FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hauser, Jean	
1.3 STREET ADDRESS	25865 Aysen Dr.	
1.4 CITY-ST-ZIP	Punta Gorda, FL 33983	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ream, Frank	
2.3 STREET ADDRESS	1221 Barrett Rd #902	
2.4 CITY-ST-ZIP	N Ft Myers FL 33903	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dolgin, Claudia	
3.3 STREET ADDRESS	1201 Barrett Rd #1206	
3.4 CITY-ST-ZIP	N Ft Myers, FL 33903	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thom, Robert	
4.3 STREET ADDRESS	1220 Hall Rd #403	
4.4 CITY-ST-ZIP	N Ft Myers, FL 33903	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Judge, Robert	
5.3 STREET ADDRESS	1241 Barrett Rd #807	
5.4 CITY-ST-ZIP	N Ft Myers, FL 33903	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: Jean Hauser 1-20-98

CR2E037 (10/97)