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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90072 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759065
 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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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Zip Country	3. Date Incorporated or Qualified 07/09/1981	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
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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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUSER, JEAN	1.2 NAME	Foley, Theresa
STREET ADDRESS	26865 AYSEN DR	1.3 STREET ADDRESS	1221 Barrett Rd #908
CITY-ST-ZIP	PUNTA GORDA FL 33983	1.4 CITY-ST-ZIP	N Fort Myers, FL 33903
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REAM, FRANK	2.2 NAME	Davis, Leslie
STREET ADDRESS	1221 BARRETT RD #902	2.3 STREET ADDRESS	1241 Barrett Rd #807
CITY-ST-ZIP	NORTH FORT MYERS F 33903	2.4 CITY-ST-ZIP	N Fort Myers, FL 33903
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLGIN, CLAUDIA	3.2 NAME	Hope, Ralph
STREET ADDRESS	1201 BARRET RD #1206	3.3 STREET ADDRESS	1251 Barrett Rd #701
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	3.4 CITY-ST-ZIP	N Fort Myers, FL 33903
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOM, ROBERT	4.2 NAME	
STREET ADDRESS	1220 HALL RD #403	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE, ROBERT	5.2 NAME	
STREET ADDRESS	1241 BARRETT RD #807	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, KENNETH	6.2 NAME	
STREET ADDRESS	1211 BARRETT ROAD #1107	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL	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, with all other like empowered.

SIGNATURE: *(Signature)* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 2-9-99 941-743-7555
 Date Daytime Phone #

CR2E037 (11/98)