## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 759065** 

FILED Mar 12, 2007 Secretary of State

Entity Name: COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Prince	New Principal Place of Business:		
3440 MAR	ERCRESTED M RINATOWN LAN ORT MYERS, F	NE #203	3				
Current Mailing Address:				New Maili	New Mailing Address:		
P.O. BOX	ERCRESTED M 1848 ERS, FL 33902						
	r: 59-2267111	FEI Number Ap	plied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registe	red Agent:	Name and	Address of	New Registered Agent:	
3440 MAR 203	RESTED MGT I	NE					
FORT MY	ERS, FL 33903	3 US					
	e named entity s e of Florida.	ubmits this stat	ement for the p	urpose of changing	its registered	l office or registered agent, or both	
SIGNATU	RE:						
	Electron	ic Signature of I	Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Fitle: Name: Nddress:	PD () MCBEE, HELEN 1240 HALL ROA			Title: Name: Address:	ı	( ) Change ( ) Addition	
City-St-Zip:	NORTH FORT M	YERS, FL 33903		City-St-Zip:			
City-St-Zip: Fitle: Name: Address: City-St-Zip:	VD () FASCHING, JEN 1231 BARRETT	Delete INY L				()Change ()Addition	
Title: Name: Nddress:	VD () FASCHING, JEN 1231 BARRETT NORTH FORT M SD () SCIMECA, FRAI 1200 HALL ROA	Delete INY L ROAD #1004 IYERS, FL 33903 Delete NK		City-St-Zip: Title: Name: Address:	SD EAGAN, HILE 1221 BARRE	(X) Change()Addition	
Title: Name: Nadress: Dity-St-Zip: Title: Name: Name:	VD () FASCHING, JEN 1231 BARRETT NORTH FORT M SD () SCIMECA, FRAI 1200 HALL ROA NORTH FORT M SD () SCIMECA, FRAI 1200 HALL ROA	Delete INY L ROAD #1004 IYERS, FL 33903 Delete NK AD #104 IYERS, FL 33903 Delete		City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	SD EAGAN, HILE 1221 BARRE NORTH FOR D HEUBERGEF 1210 HALL R	(X) Change ( ) Addition DA ETT ROAD #905 T MYERS, FL 33903 (X) Change ( ) Addition R, MARK	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Name: Name: Name:	VD () FASCHING, JEN 1231 BARRETT NORTH FORT M SD () SCIMECA, FRAI 1200 HALL ROA NORTH FORT M SD () SCIMECA, FRAI 1200 HALL RD3 NORTH FORT M	Delete INY L ROAD #1004 IYERS, FL 33903 Delete NK IN #104 IYERS, FL 33903 Delete NK #104 IYERS, FL 33903 Delete NK IYERS, FL 33903 Delete ND #601		City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	SD EAGAN, HILE 1221 BARRE NORTH FOR  D HEUBERGEF 1210 HALL R NORTH FOR	(X) Change ( ) Addition DA ETT ROAD #905 T MYERS, FL 33903 (X) Change ( ) Addition R, MARK ROAD #206	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELENE MCBEE PD 03/12/2007