

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759065

FILED
Feb 26, 2009
Secretary of State

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

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE #203
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P.O. BOX 1848
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 59-2267111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHAD VAN TILBURG

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCBEE, HELENE
Address: 1240 HALL ROAD #504
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD () Delete
Name: FASCHING, JENNY L
Address: 1231 BARRETT ROAD #1004
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: SD () Delete
Name: YAHL, JUDY
Address: 1231 BARRETT ROAD #1005
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D () Delete
Name: HEUBERGER, MARK
Address: 1210 HALL ROAD #206
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD () Delete
Name: NELSON, RAYMOND
Address: 1250 HALL ROAD #601
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FASCHING, JENNY L
Address: 712 SE EL DORADO PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

02/26/2009

Electronic Signature of Signing Officer or Director

Date