2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759065

FILED Jan 26, 2010 Secretary of State

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

Current Principal Place of Business: 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: New Mailing Address:

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

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: MCBEE, HELENE
Address: 1240 HALL ROAD #504

City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD

Name: FASCHING, JENNY L
Address: 712 SE EL DORADO PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: SD

Name: YAHL, JUDY

Address: 1231 BARRETT ROAD #1005 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: [

Name: HEUBERGER, MARK Address: 1210 HALL ROAD #206

City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD

 Name:
 NELSON, RAYMOND

 Address:
 1250 HALL ROAD #601

 City-St-Zip:
 NORTH FORT MYERS, FL 33903

I hereby 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 all other like empowered.

SIGNATURE: HELENE MCBEE PD 01/26/2010