

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759065

FILED  
Feb 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O SILVERCRESTED MANAGEMENT LLC  
1490 NE PINE ISLAND RD., BLDG 8-D  
CAPE CORAL, FL 33909 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  
3436 MARINATOWN LANE  
1ST FL UNIT 4  
NORTH FORT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

SILVERCRESTED MANAGEMENT LLC  
1490 NE PINE ISLAND RD.  
BLDG 8-D  
CAPE CORAL, FL 33909 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

02/27/2012

Date

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: MACKLER, JENNIFER  
Address: 1210 HALL ROAD #204  
City-St-Zip: NORTH FORT MYERS, FL 33903

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

Title: D  
Name: HEUBERGER, MARK  
Address: 2850 75TH ST. W  
City-St-Zip: BRADENTON, FL 34209

Title: TD  
Name: VAN SCHYNDLE, CRAIG M  
Address: 1240 HALL ROAD #508  
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: HELEN MCBEE

Electronic Signature of Signing Officer or Director

PD

02/27/2012

Date