2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07707

FILED Jan 15, 2009 Secretary of State

Entity Name: PINE RIDGE AT FT. MYERS VILLAGE I CONDOMINIUM ASSOCIATION, INC.

	rincipal Place		MEW FIIIC	ipal Place of Business:	
	ESIDE CLUB B S, FL 33905	LVD SE			
Current Mailing Address:			New Maili	New Mailing Address:	
	ESIDE CLUB B S, FL 33905	LVD SE			
El Number	: 59-2534823	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired (X)	
lame and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
833 HEN	CHRISTOPHE DRY ST ERS, FL 33902				
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
itle: ame: ddress: ity-St-Zip:	P () APPLE, DON W 9630-8 VILLA D FORT MYERS,	R	Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame:	EDWARDS, ED 9582 WINDSOF	R CLUB CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
ddress: ity-St-Zip:	FORT MYERS,	00000	Oity-Ot-Zip.		
		Delete ERT ERRY DR	Title: Name: Address: City-St-Zip:	S (X) Change () Addition LOTTER, ROBERT 4750 BLACKBERRY DR FT MYERS, FL 33905	
ity-St-Zip: itle: ame: ddress:	D () LOTTER, ROBE 4750 BLACKBE FT MYERS, FL T () CAMBRIER, KA	Delete ERT ERRY DR 33905 Delete THLEEN N CYPRESS LANE	Title: Name: Address:	LOTTER, ROBERT 4750 BLACKBERRY DR	
ity-St-Zip: tte: ame: ddress: ity-St-Zip: tte: ame: ddress:	D () LOTTER, ROBE 4750 BLACKBE FT MYERS, FL T () CAMBRIER, KA 9650-22 GREEI FT MYERS, FL	Delete ERT ERRY DR 33905 Delete THLEEN N CYPRESS LANE 33905 Delete HOWARD EW CT	Title: Name: Address: City-St-Zip: Title: Name: Address:	LOTTER, ROBERT 4750 BLACKBERRY DR FT MYERS, FL 33905 D (X) Change () Addition KOWALCZYK, BERNADETTA 4641-8 LAKESIDE CLUD BLVD	

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: DON W APPLE P 01/15/2009