

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09157 (1)**  
1. Corporation Name  
**PINE COVE OF SANIBEL CONDOMINIUM ASSOCIATION, IN C.**



Principal Place of Business <b>2500 WEST GULF DR SANIBEL FL 33957 US</b>		Mailing Address <b>P O BOX 100 SANIBEL FL 33957 US</b>		3. Date Incorporated or Qualified <b>05/08/1985</b>	
				4. FEI Number <b>59-2693701</b>	
				Applied For Not Applicable	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 City & State		27 City & State		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country			
24		25		29	

9. Name and Address of Current Registered Agent <b>JAMBECK, NICK 1633 PERIWINKLE WAY STE 123 SANIBEL FL 33957</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEWART, ROBERT C., JR.	1.2 NAME					
STREET ADDRESS	168 RIVER ROAD	1.3 STREET ADDRESS					
CITY-ST-ZIP	ANNANDALE NJ	1.4 CITY-ST-ZIP					
TITLE	STD	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CONOSCENTI, VINCE	2.2 NAME					
STREET ADDRESS	541 NO CARDINAL	2.3 STREET ADDRESS					
CITY-ST-ZIP	ADDISON IL	2.4 CITY-ST-ZIP					
TITLE	VPD	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KESSEL, ALBERT F.	3.2 NAME					
STREET ADDRESS	6228 KINGS CROWN ROAD	3.3 STREET ADDRESS					
CITY-ST-ZIP	GRAND BLAC MI	3.4 CITY-ST-ZIP					
TITLE	D	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMITH, RANDALL	4.2 NAME					
STREET ADDRESS	8100 OAK GROVE ROAD	4.3 STREET ADDRESS					
CITY-ST-ZIP	GEORGETOWN OH	4.4 CITY-ST-ZIP					
TITLE	D	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NASKEN, MICHAEL R	5.2 NAME					
STREET ADDRESS	11823 LAKESTONE WAY	5.3 STREET ADDRESS					
CITY-ST-ZIP	PROSPECT KY	5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *V. Conoscenti* *Vince Conoscenti* 3/3/98 441 472 5938  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *441 472 5938*

CP2E037 (10/97)