, FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N09157

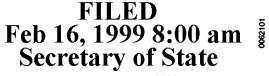
1. Corporation Name

PINE COVE OF SANIBEL CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Bu	SI
2500 WEST GULF DR SANIBEL FL 33957	

Mailing Address

P Ø BOX 100 SANIBEL FL 33957



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US	US					# 1805/191 OTT BOSTO FRIER TEORY DISTRIBUTED OF BLOTH BIOLE BIOLE BEOLE BEOLE			
2. Principal P	rincipal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed			
21		26				05/08/1985			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number		Ap	plied For
22		27				59-2693701		No	t Applicable
City & Stat	e	City & State				5. Certificate of Status Desired		\$8.75 A	dditional
23	28					5. Certificate of Status Desired		Fee Re	quired
Zip	Country	Zip	Cor	ıntry		6. Election Campaign Financing		\$5.00	•
24	25	29	30	<u>,</u>		Trust Fund Contribution		Added to	o Fees
	9. Name and Address of Current I	Registered Agent		1		10. Name and Address of New R	egistered A	<u>.gent</u>	
				81	Name				
JAMBECK	, NICK			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	IWINKLE WAY								
STE 123				83					
SANIBEL	FL 33957			84	City		FL	85 Zip C	Code
				Щ		at the state and for the		hanging its	rogistored
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	Florida Such change was	authorized	n hv i	the comoratio	oration submits this statement for the in's board of directors. I hereby accep	t the appoin	tment as reg	gisterea
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, FI	orida Stat	utes.	•	•	4		
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	E: Registered	d Agen	t signature required	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
TITLE	PD	□ DELETE	1.1 TI	TLE		,		Change	Addition
NAME	STEWART, ROBERT C.,JR.	<u></u>	1.2 N					-	
	166 RIVER ROAD				ADDRESS				
STREET ADDRESS	ANNANDALE NJ			ITY-ST	1 1				
CITY-ST-ZIP	STD	☐ DELETE	2.1 TI		1-4.11			Change	Addition
NAME	CONOSCENTI, VINCE		2.2 N			•		- :	
STREET ADDRESS	541 NO CARDINAL				ADDRESS				
'	ADDISON IL			CITY+S	Į.				
CITY-ST-ZIP TITLE	VPD	DELETE	3.1 T					Change	☐ Addition
NAME	KESSEL, ALBERT F.		3.2 N						
STREET ADDRESS					ADDRESS		•		
CITY-ST-ZIP	GRAND BLAC MI			CITY-S					
TITLE	D	☐ DELETE	4.1 TI	_				Change	Addition
NAME	SMITH, RANDALL		4.21	AME					
STREET ADDRESS	8100 OAK GROVE ROAD		4.3 S	TREET	ADDRESS	•	3		٠.٠
CITY-ST-ZIP	GEORGETOWN OH			ITY-ST					<u> </u>
TITLE	D	☐ DELETE	5.1 TI					Change	Addition
NAME	NASKEN, MICHAEL R		5.2 N	AME					
STREET ADDRESS	11823 LAKESTONE WAY		5.3 S	TREET	ADDRESS (
CITY-ST-ZIP	PROSPECT KY	·	5.4 C	ITY-ST	T-ZIP				
TITLE		☐ DELETE	6.1 TI	ITLE				Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
				T (07	T 710				· ·

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 peciver 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 on an attachment with an address, with all other like empowered.

SIGNATURE: