

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90787 041 \*\*\*\*61.25

**DOCUMENT # N09157**

1. Entity Name

**PINE COVE OF SANIBEL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**2500 WEST GULF DR  
SANIBEL FL 33957  
US**

Mailing Address

**P O BOX 100  
SANIBEL FL 33957  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2693701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****JAMBECK, NICK  
703 TARPON BAY RD., STE B  
SANIBEL FL 33957**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **D** ☐ Delete  
NAME **HAMILTON, JIM**  
STREET ADDRESS **12105 DEVILWOOD DR.**  
CITY-ST-ZIP **POTOMAC MD 20854**TITLE **TO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **CONOSCENTI, VINCE**  
STREET ADDRESS **541 NO CARDINAL**  
CITY-ST-ZIP **ADDISON IL**TITLE **VD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **KESSEL, ALBERT F.**  
STREET ADDRESS **6226 KINGS CROWN ROAD**  
CITY-ST-ZIP **GRAND BLAC MI**TITLE **SO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **HASKEN, MICHAEL R**  
STREET ADDRESS **11823 LAKESTONE WAY**  
CITY-ST-ZIP **PROSPECT KY**TITLE **PO** ☐ Change ☒ Addition  
NAME **Smith, Chuck**  
STREET ADDRESS **2501 W. 6th St #104**  
CITY-ST-ZIP **Sanibel FL 33957**TITLE **D** ☒ Delete  
NAME **DURHAM, BARB**  
STREET ADDRESS **20775 BARTLETT DRIVE**  
CITY-ST-ZIP **BROOKFIELD WI**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)