2005 NOT-FOR-PROFIT CORPORATION

FILED Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90306 010 ****61.25

ANNUAL REPORT DOCUMENT # N09157

PINE COVE OF SANIBEL CONDOMINIUM ASSOCIATION, INC.								
Principal Place of Business 2500 WEST GULF DR SANIBEL, FL 33957 US		Mailing Address P 0 BOX 100 SANIBEL, FL 33957 US			50043691			
2. Principal Place of Business		3. Mailing Address de 181and Management Group						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02182005 Chg-NP CR2E037 (10/03)			
City & State Sani bel		City & State			4. FEI Number Applied For 59-2693701 Not Applicable			
Zip	957 Country	Zip	Country		5. Certificate of Sta	tus Desired [\$8.75 Add	itional
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Registered Agent			
JAMBECK,		Name steu						
703 TARPO SANIBEL, I	ON BAY RD., STE B FL 33957	Street Address ((P.O. Box Number is Not Acceptable)			
			Po	Box	100-711	Tarpon	Bay Roa	
City Sanibel FL Zip Code 3395>								
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature Typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees		check payable to Department of St	
10.	OFFICERS AND DIR		11.		ADDITIONS/CHANGE	S TO OFFICERS A		10
TATLE NAME	TD HAMILTON, JIM	☐ Delete	TITLE NAME	PTP	•		Change	Addition Addition
STREET ADDRESS	12105 DEVILWOOD DR.		STREET ADDRESS					
CITY+ST-ZIP	POTOMAC, MD 20854	□ Delete	CITY-ST-ZIP				™ Change	☐ Addition
NAME	CONOSCENTI, VINCE	C Delete	NAME			D D = (lat)	Carciange	∐ ∧odibon
STREET ADDRESS CITY-ST-ZIP	541 NO CARDINAL ADDISON, IL		STREET ADDRESS CITY+ST+ZIP	_	nwest Gol. ibel FL 3	_		
TITLE	SD	☐ Delete	TITLE	341	1021 12 2	<u> </u>	™ Change	Addition
NAME STREET ADDRESS	KESSEL, ALBERT F. 6226 KINGS CROWN ROAD		NAME STREET ADDRESS	250	1 244641	Dr 201		
CITY-ST-ZIP	GRAND BLAC, MI		CITY-ST-ZIP			33957		
TITLE	D DUNUAN THOMAS	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	DUNHAM, THOMAS 7505 CHESTNUP HILL DR		NAME STREET ADDRESS					
CITY-ST-ZIP	PROSPECT, KY 40059		CITY-ST-ZIP					
TITLE NAME	D RATTERMAN, ROBERT	☐ Delete	TITLE NAME		_	A . •	Change	Addition
STREET ADDRESS	1114 BANORAMA DR		STREET ADDRESS	FILL	Penorana ington Ky	prive		
CITY-ST-ZIP	COVINGTON, KY 41011		CITY-ST-ZIP	Cou	ington Ky	41044		
TITLE NAME	D HASKEN, MICHAEL	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	5811 ORION RD		STREET ADDRESS					
CITY-ST-ZIP	LOUISVILLE, KY 40222		CITY-ST-ZIP	<u> </u>				
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 tostee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter on an attachment with an address, with all other like appropriet.								