
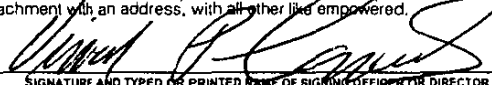


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90176 011 ****61.25

DOCUMENT # N09157 1. Entity Name PINE COVE OF SANIBEL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US			Mailing Address CO ISLAND MANAGEMENT P.O. BOX 100-711 TARPON BAY RD. SANIBEL, FL 33957 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2693701	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACKESY, STEVEN J. C/O ISLAND MANAGEMENT GROUP P.O. BOX 100- 711 TARPON BAY RD. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, JIM		NAME		
STREET ADDRESS	12105 DEVILWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	POTOMAC, MD 20854		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONOSCENTI, VINCE		NAME		
STREET ADDRESS	2501 W. GULF DRIVE 404		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	KESSEL, ALBERT F.		NAME		
STREET ADDRESS	2501 W. GULF DRIVE 202		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNHAM, THOMAS		NAME		
STREET ADDRESS	7505 CHESTNUP HILL DR		STREET ADDRESS		
CITY-ST-ZIP	PROSPECT, KY 40059		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	RATTERMAN, ROBERT		NAME		
STREET ADDRESS	1114 PANORAMA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COVINGTON, KY 41044		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASKEN, MICHAEL		NAME	Jane Mitchell	
STREET ADDRESS	5811 ORION RD		STREET ADDRESS	2501 West Gulf Drive 104	
CITY-ST-ZIP	LOUISVILLE, KY 40222		CITY-ST-ZIP	Sanibel FL 33957	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vincent Conoscenti		
			Date 2-17-07 Daytime Phone # 339-395-3432		