

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90017 033 ****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. <i>711 TARPON Bay Rd</i>		Suite, Apt. #, etc.	
City & State <i>Sanibel FL</i>		City & State	
Zip <i>33957</i>		Country <i>USA</i>	
4. FEI Number 59-2693701		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACKESY, STEVEN J. C/O ISLAND MANAGEMENT GROUP P.O. BOX 100- 711 TARPON BAY RD. SANIBEL, FL 33957		7. Name and Address of New Registered Agent 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, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	TD HAMILTON, JIM 12105 DEVILWOOD DR. POTOMAC, MD 20854	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONOSCENTI, VINCE 2501 W. GULF DRIVE 404 SANIBEL, FL 33957	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, JANE 2501 WEST GULF DRIVE 104 SANIBEL, FL 33957	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNHAM, THOMAS 7505 CHESTNUP HILL DR PROSPECT, KY 40059	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATTERMAN, ROBERT 1114 PANORAMA DRIVE COVINGTON, KY 41044	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKEN, MICHAEL 5811 ORION RD LOUISVILLE, KY 40222	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 647, 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: <i>Vince Conoscenti</i>		Date <i>4/16/08</i> Daytime Phone # <i>630 309-3963</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			