## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09157

FILED Apr 03, 2009 Secretary of State

Entity Name: PINE COVE OF SANIBEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
711 TARP( SANIBEL,	ON BAY RD FL 33957	US				
Current Mailing Address:			New Mai	New Mailing Address:		
CO ISLAND MANAGEMENT P.O. BOX 100-711 TARPON BAY RD. SANIBEL, FL 33957 US			711 TAR	CO ISLAND MANAGEMENT 711 TARPON BAY RD. SANIBEL, FL 33957 US		
FEI Number:	59-2693701	FEI Number Applied For ( )	FEI Number Not Ap	oplicable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name an	nd Address of New Registered Agent:		
MACKESY, STEVEN J. C/O ISLAND MANAGEMENT GROUP P.O. BOX 100- 711 TARPON BAY RD. SANIBEL, FL 33957 US			C/O ISLA 711 TARF	MACKESY, STEVEN J. C/O ISLAND MANAGEMENT GROUP 711 TARPON BAY RD. SANIBEL, FL 33957 US		
The above in the State	named entity of Florida.	submits this statement for th	ne purpose of changing	g its registered office or registered agent, or both	l,	
SIGNATUF	RE:			04/03/2009		
	Electro	nic Signature of Registered .	Agent	Date	-	
OFFICERS	S AND DIRE	CTORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTO	RS:	
Title: Name: Address: City-St-Zip:	TD ( HAMILTON, JI 12105 DEVILY POTOMAC, M	WOOD DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PD ( CONOSCENT 2501 W. GUL SANIBEL, FL	F DRIVE 404	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition CONOSCENTI, VINCE 2501 W. GULF DRIVE 404 SANIBEL, FL 33957		
Title: Name: Address: City-St-Zip:	MITCHELL, JA	BULF DRIVE 104	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD ( DUNHAM, THO 7505 CHESTN PROSPECT, I	IUP HILL DR	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition DUNHAM, THOMAS 7505 CHESTNUT HILL DR PROSPECT, KY 40059		
Title: Name: Address: City-St-Zip:	D ( RATTERMAN, 1114 PANOR, COVINGTON,	AMA DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D (; HASKEN, MIC 5811 ORION I LOUISVILLE,	RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCE CONOSCENTI PD 04/03/2009