


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortmann Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30776** (1)

1. Corporation Name

METRO PINES II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**12771 METRO PARKWAY #9
FORT MYERS FL 33912**

Mailing Address

**P.O. BOX 07246
FT. MYERS FL 33919-0241**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 12775 METRO PKY.		26		02/20/1989		03/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0189578		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
24		25		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
29 33919-0246		30					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CANAMELA, ANTHONY 1026 DOLPHIN DR CAPE CORAL FL 33904				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANAMELA, ANTHONY	1.2 NAME	
STREET ADDRESS	1026 DOLPHIN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL FL. 33904
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPOSITO, PAT	2.2 NAME	
STREET ADDRESS	1588 WHISKEY DR.	2.3 STREET ADDRESS	1588 WHISKEY CREEK DR.
CITY-ST-ZIP	FORT MYERS FL 33919	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFFPLER, DAN	3.2 NAME	
STREET ADDRESS	5220 HARBORAGE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ANTHONY CANAMELA JR.
STREET ADDRESS		4.3 STREET ADDRESS	P.O. BOX 224
CITY-ST-ZIP		4.4 CITY-ST-ZIP	STEELE, FL 33928
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	VB 227
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	100002100601
STREET ADDRESS		6.3 STREET ADDRESS	-02/28/97--01004--029
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ESPOSITO 1/4/97 941-433-2450
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone # 0085542

CR2E037 (9/96)