2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90059 022 ****61.25

DOCUMENT # N39364

1. Entity Name
SHELTERING PINES IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3619 UNIQUE CIRCLE FT. MYERS, FL 33908 US	3619 UNIQUE CIRCLE FT. MYERS, FL 33908 US

02272008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0217978 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNIER, MICHAELA 3619 UNIQUE CIRCLE FT. MYERS, FL 33908	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 Michaela McNier Michaela McNIER 03/06/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	BD WHITAKER, VICKI 3565 UNIQUE CT FORT MYERS, FL 33908	☐ Delete	BD Melodee Nevers 3620 Unique Circle Ft. Myers Fla 33908	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCNIER, MICHELA 3619 UNIQUE CT FORT MYERS, FL 33908	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ELL, FRANCIS 3702 UNIQUE CIRCLE FORT MYERS, FL 33908	☑ Delete	V.P. Duwayne Boudin 3721 Unique Cir Ft Myers Fla 33908	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD TOSSY, JOAN 3726 UNIQUE CIRCLE FT. MYERS, FL 33908	☑ Delete	BD Michael Turcott 3524 Unique Circle Ft Myers Fla 33908	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUBOLTZ, HERBERT 3621 UNIQUE CIRCLE FT. MYERS, FL 33908	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD HAYMAN, LEILANI 3778 UNIQUE CIRCLE FORT MYERS, FL 33908	☐ Delete	BD Valerie Quetel 3559 Unique Circle Ft. Myers Fla 33908	☐ Change ☑ 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 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: Michaela McNier Michaela McNier 03/06/08 239-267-7590
SIGNATURE AND TYPED OR PRINTED NAME OF SWORN OFFICER OR DIRECTOR Date Daytime Phone #