

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39364

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** SHELTERING PINES IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

3619 UNIQUE CIRCLE  
FT. MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

3619 UNIQUE CIRCLE  
FT. MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 65-0217978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCNIER, MICHAELA  
3619 UNIQUE CIRCLE  
FT. MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: BD ( ) Delete  
Name: WHITAKER, VICKI  
Address: 3555 UNIQUE CT  
City-St-Zip: FORT MYERS, FL 33908

Title: ST ( ) Delete  
Name: MCNIER, MICHELA  
Address: 3619 UNIQUE CT  
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete  
Name: BOUDIN, DUWAYNE  
Address: 3721 UNIQUE CIR  
City-St-Zip: FORT MYERS, FL 33908

Title: BD ( ) Delete  
Name: TURCOTT, MICHAEL  
Address: 3524 UNIQUE CIR  
City-St-Zip: FT. MYERS, FL 33908 US

Title: P ( ) Delete  
Name: BUBOLTZ, HERBERT  
Address: 3621 UNIQUE CIRCLE  
City-St-Zip: FT. MYERS, FL 33908 US

Title: BD ( ) Delete  
Name: HAYMAN, LEILANI  
Address: 3778 UNIQUE CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: BD (X) Change ( ) Addition  
Name: WHITAKER-KINZIE, VICKI  
Address: 3536 UNIQUE CIR.  
City-St-Zip: FORT MYERS, FL 33908

Title: ST (X) Change ( ) Addition  
Name: MCNIER, MICHELA  
Address: 3619 UNIQUE CIR  
City-St-Zip: FORT MYERS, FL 33908

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BD (X) Change ( ) Addition  
Name: NEVERS, MELODEE  
Address: 3620 UNIQUE CIR  
City-St-Zip: FT. MYERS, FL 33908 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAELA MCNIER

ST

02/10/2009

Electronic Signature of Signing Officer or Director

Date