

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39364

FILED
Apr 28, 2011
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 (X)**

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
Name: SUNDIN, JAMIE
Address: 3765 UNIQUE CIR.
City-St-Zip: FORT MYERS, FL 33908

Title: ST
Name: MCNIER, MICHAELA
Address: 3619 UNIQUE CIR
City-St-Zip: FORT MYERS, FL 33908

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

Title: BD
Name: BOUDIN, LOIS
Address: 3737 UNIQUE CIR.
City-St-Zip: FT. MYERS, FL 33908 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAELA MCNIER

ST

04/28/2011

Electronic Signature of Signing Officer or Director

Date