

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 759065

Entity Name: COUNTRY PINES OF NORTH FORT MYERS CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 19, 2023
Secretary of State
4736023692CC

Current Principal Place of Business:

3434 HANCOCK BRIDGE PKWY
SUITE 306
NORTH FORT MYERS, FL 33903

Current Mailing Address:

C/O VESTA PROPERTY SERVICES
3434 HANCOCK BRIDGE PKWY 306
NORTH FORT MYERS, FL 33903 US

FEI Number: 59-2267111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VESTA PROPERTY SERVICES
3434 HANCOCK BRIDGE PKWY
SUITE 306
NORTH FORT MYERS, FL 33903 US

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: SAMIE MANNINA

06/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DEFEE, JAMES
Address C/O VESTA PROPERTY SERVICES
 3434 HANCOCK BRIDGE PKWY 306
City-State-Zip: NORTH FORT MYERS FL 33903

Title TREASURER
Name WINSLOW, CAROL
Address C/O VESTA PROPERTY SERVICES
 3434 HANCOCK BRIDGE PKWY 306
City-State-Zip: NORTH FORT MYERS FL 33903

Title DIRECTOR
Name DOMRES, ARTHUR
Address C/O VESTA PROPERTY SERVICES
 3434 HANCOCK BRIDGE PKWY 306
City-State-Zip: NORTH FORT MYERS FL 33903

Title SECRETARY
Name SCHOUP, TIM
Address C/O VESTA PROPERTY SERVICES
 3434 HANCOCK BRIDGE PKWY 306
City-State-Zip: NORTH FORT MYERS FL 33903

Title VP
Name LANDIS, KIM
Address C/O VESTA PROPERTY SERVICES
 3434 HANCOCK BRIDGE PKWY 306
City-State-Zip: NORTH FORT MYERS FL 33903

Title DIRECTOR
Name YANNACCI, JOE
Address C/O VESTA PROPERTY SERVICES
 3434 HANCOCK BRIDGE PKWY 306
City-State-Zip: NORTH FORT MYERS FL 33903

Title DIRECTOR
Name LABARGE, DONALD
Address C/O VESTA PROPERTY SERVICES
 3434 HANCOCK BRIDGE PKWY 306
City-State-Zip: NORTH FORT MYERS FL 33903

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: JAMES DEFEE

PRESIDENT

06/19/2023

