

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759065

FILED
Mar 10, 2021
Secretary of State
0428407569CC

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

Current Principal Place of Business:

3436 MARINATOWN LANE
STE 3
NORTH FORT MYERS, FL 33903

Current Mailing Address:

C/O PREMIER CAM SERVICES, LLC
P.O. BOX 152047
CAPE CORAL, FL 33915 US

FEI Number: 59-2267111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PREMIER CAM SERVICES, LLC
3436 MARINATOWN LANE
STE 3
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: BRANDY DAVENPORT

03/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DEFEE, JAMES
Address C/O PREMIER CAM SERVICES, LLC
P.O. BOX 152047
City-State-Zip: CAPE CORAL FL 33915

Title SECRETARY
Name WINSLOW, CAROL
Address C/O PREMIER CAM SERVICES, LLC
P.O. BOX 152047
City-State-Zip: CAPE CORAL FL 33915

Title PRESIDENT
Name LABARGE, DONALD
Address C/O PREMIER CAM SERVICES, LLC
P.O. BOX 152047
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name DOMRES, ARTHUR
Address C/O PREMIER CAM SERVICES, LLC
P.O. BOX 152047
City-State-Zip: CAPE CORAL FL 33915

Title TREASURER
Name GRIBBLE, MICHAEL
Address C/O PREMIER CAM SERVICES, LLC
P.O. BOX 152047
City-State-Zip: CAPE CORAL FL 33915

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: DONALD LABARGE

PRESIDENT

03/10/2021

Electronic Signature of Signing Officer/Director Detail

Date