FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751888

1. Corporation Name
Pine Court of Oak Terrace Condominium Association, Inc.

Principal Place of Business | Mailing Address

	Principal Place of Business	Mailing Address
2. / 2a.	21 Assoc. Prop Mgmt	26 Assoc. Prop. Mgmt
Suite, Apt. #, etc.	22 400 S. Dixie Hwy, #10	27 400 S. Dixie Hwy, #10
City & State	23 Lake Worth, FL	28 Lake Worth, FL
Zip / Country	24 33460 25 USA	29 33460 30 USA

3. Date Incorporated or Qualified: 4/24/80
3a. Date of Last Report: 4/95
4. FEI Number: 59-2066911 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes (X) No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Associated Property Management
82 Street Address (P.O. Box Number is Not Acceptable): 400 S. Dixie Hwy, #10
83
84 City: Lake Worth FL 85 Zip Code: 33460

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503 Florida Statutes.

SIGNATURE: [signature] John Nath Agent 3/13/96
Signature, Typed or Printed Name of Registered Agent and Date if Applicable — NOTE: Registered Agent's signature required for name and/or address change

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Watson Spoelstra 4667 Oak Terrace Drive Greenacres, FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Craig Daugherty 448 Glenbrook Drive Atlantis, FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT Robert Cracke 4665 Oak Terrace Drive Greenacres, FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	500001770575 -04/05/96--01025--035 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition 2/4.4

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #