2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #751888

1. Entity Name
PINE COURT OF OAK TERRACE CONDOMINIUM



FILED Mar 28, 2005 8:00 am Secretary of State

03-28-2005 90082 011 ****61.25

	ATION, INC.	OND OWN THOM						
Principal Plac 1928 LAKE V LAKE WORTH	VORTH RD	Mailing Address 1928 LAKE WORTH RD LAKE WORTH, FL 33461				1001 <u>1</u>	ged	
2. Principal P	lace of Business	3. Mailing Address				8))		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02242005	Chg-NP	CR2E037 (10/0	3)	
City & Stat	е	City & State		4. FEI Numbe 59-206			Applied For Not Applicable	
Žip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
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ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			Street Address		(P.O. Box Number is Not Acceptable)			
			City			FL Zip C	Code	
	named entity submits this statement fo	r the purpose of changing its re	egistered office or	registered agent, or bot	h, in the State of F	lorida. I am familiar w	ith, and accept	
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signate	ure required when reinstating)		DATE		
						<u> </u>		
	Filing Foo is \$61.25	9 Election Camp	aign Financing	¢5 00	ľ	Make check navahi	e to	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 May B Added to Fees	Ç	Make check payab orida Department o		
10.	-	Trust Fund Co		Added to Fees ADDITIONS/CH.	Fid	• •	f State	
THTLE	Due by May 1, 2005 OFFICERS AND DIF	Trust Fund Co	ntribution.	Added to Fees ADDITIONS/CH.	Fig ANGES TO OFFIC	ERS AND DIRECTOR	f State S IN 10	
TITLE NAME	OFFICERS AND DIF SD BURNS, PENNY	Trust Fund Co	ntribution.	Added to Fees ADDITIONS/CH.	Fig ANGES TO OFFIC	ERS AND DIRECTOR	f State S IN 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Muriel Barry Treasurer	3-22-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Oate	Daytime Phone #