

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90025 010 ****61.25

DOCUMENT # 751888	
1. Entity Name PINE COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1928 LAKE WORTH RD LAKE WORTH, FL 33461	Mailing Address 1928 LAKE WORTH RD LAKE WORTH, FL 33461
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40064169



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02202008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2066991	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent	
		Name Jay Steven Levine PA	
		Street Address (P.O. Box Number is Not Acceptable) 2500 North Military Trail	
		Suite 283	
		City Boca Raton	FL Zip Code 33431

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jay Steven Levine* president 4-4-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARRY, MURIEL 4161 OAK TERRACE DR GREENACRES CITY, FL 33463 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLANAGAN, PETER 1212 OLD BOYNTON RD. BOYNTON BEACH, FL 33426 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METRIE, BRUCE 4683 OAK TERRACE DR GREENACRES CITY, FL 33463 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEABRIDGE, JOHN 4710 OAK TERRACE DR. LAKE WORTH, FL 33463 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLANAGAN, PETER 4723 OAK TERRACE DR GREENACRES, FL 33463 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEROLA, ANDREA 4721 N.W. 3RD AVE. BOCA RATON, FL 33431 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEABRIDGE, JOHN 4710 OAK TERRACE DR. LAKE WORTH, FL 33463 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, MORGAN 4685 OAK TERRACE DR GREENACRES, FL 33463 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 - Muriel Barry* 3-3-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #