

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00** *4-14-95 11:25-C*

**APPROVED AND FILED**

95 APR 24 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

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

**DOCUMENT # N14644 (1)**  
1. Corporation Name  
**PINE CREEK TOWNHOMES ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
~~7801 SADDLEBROOK DR~~  
~~PT. ST. LUCIE FL 34986~~  
P. O. BOX 1376  
FT. PIERCE FL 34954  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **2172 NW Reserve Park Tr** 2a **Port St. Lucie**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Port St. Lucie, FL 34986** 27  
City & State City & State  
23  
Zip Country Zip Country  
24 **34986** 25 **St. Lucie** 29

3. Date Incorporated or Qualified **04/29/1986** 3a. Date of Last Report **02/25/1994**  
4. FEI Number **59-2694311** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WARD, DAVID A**  
~~7801 SADDLEBROOK DR~~ **2172 NW Reserve Park Tr**  
**PT. ST. LUCIE FL 34986**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **DP**  
NAME **SINCLAIR, LEONARD**  
STREET ADDRESS **7944 PINE CREEK WAY**  
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE **DP D, President**  
NAME **CULKIN, GERALD**  
STREET ADDRESS **7366 PINE CREEK WAY**  
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE **D**  
NAME **CHAMPAGNE, JOHN D**  
STREET ADDRESS **7334 PINE CREEK WAY**  
CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE **DP**  
NAME ~~WARD, DAVID A~~  
STREET ADDRESS ~~7354 PINE CREEK WAY~~  
CITY-ST-ZIP ~~PT. ST. LUCIE FL~~

TITLE **D**  
NAME **RAWE, KENNETH H**  
STREET ADDRESS **7382 PINE CREEK WAY**  
CITY-ST-ZIP **PORT ST. LUCIE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
NAME **D, Sec**  
STREET ADDRESS **Robert A. VanNatta**  
CITY-ST-ZIP **7372 Pine Creek Way**  
**Port St. Lucie, FL 34986**

2.1 TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
NAME **D**  
STREET ADDRESS **Joseph Biros**  
CITY-ST-ZIP **7348 Pine Creek Way**  
**Port St. Lucie, FL 34986**

5.1 TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE: *John D. Champagne* **4-14-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #