

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



Principal Place of Business 2172 NW RESERVE PARK TRACE PT. ST. LUCIE FL 34986 US	Mailing Address P. O. BOX 1376 FT. PIERCE FL 34954 US
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3. Date Incorporated or Qualified 04/29/1986	3a. Date of Last Report 04/24/1995
4. FEI Number 59-2694311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**WARD, DAVID A
2172 NW RESERVE PARK TRACE
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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS <input type="checkbox"/> DELETE
NAME	VANNATTA, ROBERT A.
STREET ADDRESS	7372 PINE CREEK WAY
CITY-ST-ZIP	PT. ST. LUCIE FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	CULKIN, GERALD
STREET ADDRESS	7366 PINE CREEK WAY
CITY-ST-ZIP	PT. ST. LUCIE FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	CHAMPAGNE, JOHN D
STREET ADDRESS	7334 PINE CREEK WAY
CITY-ST-ZIP	PT. ST. LUCIE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BIROS, JOSEPH
STREET ADDRESS	7348 PINE CREEK WAY
CITY-ST-ZIP	PT. ST. LUCIE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RAWE, KENNETH H
STREET ADDRESS	7362 PINE CREEK WAY
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Sinclair, Leonard, Sr.
4.3 STREET ADDRESS	7344 Pine Creek Way
4.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 on an attachment with an address.

SIGNATURE: John D. Champagne **3-15-96** **(407) 461-1097**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)