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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 34954-1376 US
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3. Date Incorporated or Qualified 04/29/1986	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21 7502 Santa Barbara Drive Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Fort Pierce, FL 34951	27 City & State 28
24 Zip 34951	25 Country USA
29 Zip 30	30 Country 30

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
61 Name Annemarie M. Edwards
62 Street Address (P.O. Box Number is Not Acceptable)
63 7502 Santa Barbara Drive
64 City Fort Pierce FL 65 Zip Code 34951

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 **Annemarie M. Edwards** *Annemarie M. Edwards* **3-26-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANNATTA, ROBERT A.	1.2 NAME	Vanderzee, Robert S.
STREET ADDRESS	7372 PINE CREEK WAY	1.3 STREET ADDRESS	7338 Pine Creek Way
CITY-ST-ZIP	PT. ST. LUCIE FL	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULKIN, GERALD	2.2 NAME	Zaferiou, Socrates
STREET ADDRESS	7386 PINE CREEK WAY	2.3 STREET ADDRESS	7342 Pine Creek Way
CITY-ST-ZIP	PT. ST. LUCIE FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34986
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPAGNE, JOHN R.	3.2 NAME	Champagne, John R.
STREET ADDRESS	7334 PINE CREEK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINCLAIR, LEONARD SR.	4.2 NAME	
STREET ADDRESS	7344 PINE CREEK WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWE, KENNETH H	5.2 NAME	
STREET ADDRESS	7362 PINE CREEK WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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]* **3-26-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071088

CR2E037 (9/96)