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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 7502 SANTA BARBARA DRIVE FT PIERCE FL 34951 US	Mailing Address P. O. BOX 1376 FT. PIERCE FL 34954 US
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3. Date Incorporated or Qualified 04/29/1986	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9700 Reserve Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 9700 Reserve Blvd. Suite, Apt. #, etc.
22 City & State 23 Port St. Lucie, FL	27 City & State 28 Port St. Lucie, FL
24 Zip 34986	25 Country St. Lucie
29 Zip 34986	30 Country St. Lucie

9. Name and Address of Current Registered Agent

~~EDWARDS, ANNEMARIE M
 -7502 SANTA BARBARA DRIVE
 -FT PIERCE FL 34951~~

10. Name and Address of New Registered Agent

81 Name Wingfield, T. Scott	
82 Street Address (P.O. Box Number is Not Acceptable) 9700 Reserve Blvd.	
83	
84 City Port St. Lucie	85 Zip Code FL 34986

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 NAME STREET ADDRESS CITY-ST-ZIP	DS VANDERZEE, ROBERT S 7338 PINE CREEK WAY PT. ST. LUCIE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAFERIOU, SOCRATES 7342 PINE CREEK WAY PT. ST. LUCIE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHAMPAGNE, JOHN R 7334 PINE CREEK WAY PT. ST. LUCIE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SINCLAIR, LEONARD SR. 7344 PINE CREEK WAY PT. ST. LUCIE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWE, KENNETH H 7362 PINE CREEK WAY PORT ST. LUCIE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T Wingfield, T. Scott 9700 Reserve Blvd. Port St. Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Vannatta, Robert 7372 Pine Creek Way Port St. Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD Zaferiou, Socrates 7342 Pine Creek Way Pt. St. Lucie, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PD Rawe, Kenneth H. 7362 Pine Creek Way Port St. Lucie, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Stone, Richard 7380 Pine Creek Way Port St. Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. 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 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: *Kenneth H. Rawe* 4/16/98 716-1089-9608

CR2E037 (1097)