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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N14644**

1. Corporation Name
PINE CREEK TOWNHOMES ASSOCIATION, INC.

* < 205855-90148-41

Principal Place of Business
 9700 RESERVE BLVD
 PORT ST. LUCIE FL 34986
 US

Mailing Address
 9700 RESERVE BLVD
 PORT ST. LUCIE FL 34986
 US



21	2. Principal Place of Business	2a. Mailing Address	26	2355 SE SEAFURY LA	3. Date Incorporated or Qualified	04/29/1986
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	59-2694311	Applied For Not Applicable
23	City & State	28	PORT ST LUCIE FL	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	29	34952	30	Country	6. Election Campaign Financing Trust Fund Contribution
25	Country	30				<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
WINGFIELD, T. SCOTT 9700 RESERVE BLVD PORT ST. LUCIE FL 34986		81	Name CAM OF THE TREASURE COAST INC		
		82	Street Address (P.O. Box Number is Not Acceptable) 2355 SE SEAFURY LA		
		83			
		84	City	PORT ST LUCIE	FL
		85	Zip Code	34952	

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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: *Robert S. Vanderzee* DATE: 2-13-99

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERZEE, ROBERT S	1.2 NAME	
STREET ADDRESS	7338 PINE CREEK WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAFERIOU, SOCRATES	2.2 NAME	
STREET ADDRESS	7342 PINE CREEK WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINGFIELD, T. SCOTT	3.2 NAME	D
STREET ADDRESS	9700 RESERVE BLVD	3.3 STREET ADDRESS	STONE, DICK
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	3.4 CITY-ST-ZIP	7380 PINE CREEK WAY
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANNATTA, ROBERT	4.2 NAME	
STREET ADDRESS	7372 PINE CREEK WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	4.4 CITY-ST-ZIP	
TITLE	PD <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 34986	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAFERIOU, SOCRATES	6.2 NAME	
STREET ADDRESS	7342 PINE CREEK WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Robert S. Vanderzee* DATE: 2-13-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)