

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90186 006 ****61.25

DOCUMENT # N14644

1. Entity Name

PINE CREEK TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9700 RESERVE BLVD
 PORT ST. LUCIE FL 34986
 US

P.O. BOX 880066
 PORT ST. LUCIE FL 34988-0066
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2694311

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAM OF THE TREASURE COAST, INC.
 2355 SE SEAFURY LN.
 PORT ST. LUCIE FL 34952

Name **LAWRENCE E. CRARY III**

Street Address (P.O. Box Number is Not Acceptable)

555 COLORADO AVE, SUITE 1

City **STUART**

FL

Zip Code **34995**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Lawrence E. Crary III

Lawrence E. Crary III

3/17/00

DATE

Signature typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

Registered Agent

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** Delete
 NAME **VANDERZEE, ROBERT S**
 STREET ADDRESS **7338 PINE CREEK WAY**
 CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE **PD** Change Addition
 NAME **VANDERZEE, ROBERT S**
 STREET ADDRESS **7338 PINE CREEK WAY**
 CITY-ST-ZIP **PT. ST. LUCIE, FL**

TITLE **D** Delete
 NAME **ZAFERIOU, SOCRATES**
 STREET ADDRESS **7342 PINE CREEK WAY**
 CITY-ST-ZIP **PT. ST. LUCIE FL**

TITLE **D** Change Addition
 NAME **ZAFERIOU, LU**
 STREET ADDRESS **7342 PINE CREEK WAY**
 CITY-ST-ZIP **PT. ST. LUCIE, FL**

TITLE **D** Delete
 NAME **STONE, DICK**
 STREET ADDRESS **7380 PINE CREEK WAY**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE **TD** Change Addition
 NAME **STONE, DICK**
 STREET ADDRESS **7380 PINE CREEK WAY**
 CITY-ST-ZIP **PT. ST. LUCIE, FL**

TITLE **D** Delete
 NAME **VANNATTA, ROBERT**
 STREET ADDRESS **7372 PINE CREEK WAY**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE **D** Addition
 NAME **BOUTWELL, ANNE**
 STREET ADDRESS **7396 PINE CREEK WAY**
 CITY-ST-ZIP **PT. ST. LUCIE, FL**

TITLE **PD** Delete
 NAME **RAWE, KENNETH H**
 STREET ADDRESS **7362 PINE CREEK WAY**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **ZAFERIOU, SOCRATES**
 STREET ADDRESS **7342 PINE CREEK WAY**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert S. Vanderzee
ROBERT S. VANDERZEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00 561-489-9808

Date

Daytime Phone #

CR2F037 (9/99)