## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 01, 2002 8:00 am Secretary of State **DOCUMENT # N14644** PINE CREEK TOWNHOMES ASSOCIATION, INC. 04-01-2002 90158 039 \*\*\*\*61.25 Principal Place of Business Mailing Address 9700 RESERVE BLVD PO BOX 65 PORT ST. LUCIE FL 34986 JENSEN BEACH FL 34958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2694311 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Crary, Lawrence e III 555 COLORADO AVE STE 1 STUART FL 34945 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PTD TITLE TITLE ☐ Delete <u>6</u> vanderzee. Robert s NAME NAME STREET ADDRESS 7338 PINE CREEK WAY STREET ADDRESS CITY-ST-ZIP PT. ST. LUCIE FL CITY-ST-7IP SD TITLE X Delete TITLE Addition URSO JOE 7352 PINE CASEK WAY NAME PERCIC, RICHARD NAME STREET ADDRESS STREET ADDRESS 7372 PINE CREEK WAY CITY-ST-ZIP PORT SAINT LUCIE FL 34986 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STONE. DICK NAME NAME STREET ADDRESS 7380 PINE CREEK WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34986 MART 201F, Greg TITL F M Delete Addition TITI F NAME **BOUTWELL, ANNE** NAME 1350 AINE CREEK WAY STREET ADDRESS STREET ADDRESS 7396 PINE CREEK WAY POET ST LUCIE FL 34986 CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL TITLE Delete TITLE Change ☐ Addition VANOVOST, ALEXANDER NAME ALEXANDER, VAN O NAME STREET ADDRESS STREET ADDRESS 7334 PINE CREEK WAY CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34986 TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 truefee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

ALERAISER VAN OVOST 3-11-02 561-462-4777