


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90034 004 ****61.25

DOCUMENT # N14644					
1. Entity Name PINE CREEK TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 9700 RESERVE BLVD PORT ST. LUCIE, FL 34986 US			Mailing Address PO BOX 65 JENSEN BEACH, FL 34958 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CRARY, LAWRENCE E III 555 COLORADO AVE STE 1 STUART, FL 34945				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERCIC, RICHARD		NAME		
STREET ADDRESS	7364 PINE CREEK WAY		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URSO, JOE		NAME		
STREET ADDRESS	7352 PINE CREEK WAY		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, DICK		NAME	POTOSKI, PETER	
STREET ADDRESS	7380 PINE CREEK WAY		STREET ADDRESS	13237 BACKUS ST.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP	SOUTHGATE, MI 48195	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOTEM, JOANNE		NAME	GANNON, LINDA	
STREET ADDRESS	7388 PINE CREEK WAY		STREET ADDRESS	7336 PINE CREEK WAY	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANOVOST, ALEXANDER		NAME	SMITH, CYNTHIA	
STREET ADDRESS	7334 PINE CREEK WAY		STREET ADDRESS	7354 PINE CREEK WAY	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESTERINO, ELIZABETH		NAME		
STREET ADDRESS	7382 PINE CREEK WAY		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986		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: <u>Joseph A. Urso</u> Date: <u>3/5/04</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					