


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90573 030 \*\*\*\*61.25

<b>DOCUMENT # N14644</b>			
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 <i>111 SE Federal Hwy</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 100</i>	
City & State		City & State <i>STUART FL</i>	
Zip	Country	Zip <i>34994</i>	Country
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. 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, 2005		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 PERCIC, RICHARD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	7364 PINE CREEK WAY	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	TD URSO, JOE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>TD McCarthy, Patricia</i>
STREET ADDRESS	7352 PINE CREEK WAY	STREET ADDRESS	<i>7394 Pine Creek Way</i>
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	CITY-ST-ZIP	<i>Port St Lucie, FL 34986</i>
TITLE	D POTOSKI, PETER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	13237 BACKUS ST	STREET ADDRESS	
CITY-ST-ZIP	SOUTHGATE, MI 48195	CITY-ST-ZIP	
TITLE	SD GANNON, LINDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	7336 PINE CREEK WAY	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	VPD SMITH, CYNTHIA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	7354 PINE CREEK WAY	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	D CESTERINO, ELIZABETH <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>VPD</i>
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: <i>Richard J. Percic</i>		Date: <i>4/7/2005</i> (561) 746-1344	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

20036721



02112005 Chg-NP CR2E037 (10/03)

ATTACHMENT

#N1464/20036721

▷  
BERKICK, KAREN  
7950 Pine Creek Way  
Port St. Lucie, FL 34986

Addition