


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90008 003 \*\*\*\*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 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 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 <b>FL</b> 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD PERCIC, RICHARD 7364 PINE CREEK WAY PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCARTHY, PATRICIA 7394 PINE CREEK WAY PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VANDER ZEE, Robert 7398 Pine Creek Way Port St Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTOSKI, PETER 13237 BACKUS ST SOUTHGATE, MI 48195 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GANNON, LINDA 7336 PINE CREEK WAY PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, CYNTHIA 7354 PINE CREEK WAY PORT ST. LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CESTERINO, ELIZABETH 7382 PINE CREEK WAY PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Rib ADENEYRA Thomas 7398 Pine Creek Way Port St. Lucie, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Robert Vander Zee</i> President		Date: 3/10/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561 746-1344	

40000



02212006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2694311 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

D  
BERKICH, KAREN  
7350 PINECREEK WAY  
PORT ST. LUCIE, FL 34986

ATTACHMENT  
40036348 TD  
# N141644

CHANGE