

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90059 022 \*\*\*\*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  
**1111 SE FEDERAL HWY**  
**SUITE 100**  
**STUART, FL 34994 US**

40061753



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01092007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

City & State

4. FEI Number  
**59-2694311**

Applied For  
 Not Applicable

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

**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, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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**  Delete  
 NAME **PERCIC, RICHARD**  
 STREET ADDRESS **7364 PINE CREEK WAY**  
 CITY-ST-ZIP **PORT SAINT LUCIE, FL 34986**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **VABDERZEE, ROBERT**  
 STREET ADDRESS **7338 PINE CRK WY**  
 CITY-ST-ZIP **PORT SAINT LUCIE, FL 34986**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **POTOSKI, PETER**  
 STREET ADDRESS **13237 BACKUS ST**  
 CITY-ST-ZIP **SOUTHGATE, MI 48195**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **GANNON, LINDA**  
 STREET ADDRESS **7336 PINE CREEK WAY**  
 CITY-ST-ZIP **PORT SAINT LUCIE, FL 34986**

TITLE  Change  Addition  
 NAME **SECRETARY GANNON**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SMITH, CYNTHIA**  
 STREET ADDRESS **7354 PINE CREEK WAY**  
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE  Change  Addition  
 NAME **KAREN BERKICH**  
 STREET ADDRESS **7360 PINE CREEK WAY**  
 CITY-ST-ZIP **PORT ST LUCIE, FL 34986**

TITLE **D**  Delete  
 NAME **RIBADENEYRA, THOMAS**  
 STREET ADDRESS **7398 PINE CRK WY**  
 CITY-ST-ZIP **PORT SAINT 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 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:** *Karen Berkich* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

ATTACHMENT

40061735  
#114644

D  
FREUD, PAUL      Addition  
7396 PINE CREEK WAY  
PORT ST LUCIE, FL 34986