

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14644

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: PINE CREEK TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

9700 RESERVE BLVD  
PORT ST. LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 SE FEDERAL HWY  
SUITE 100  
STUART, FL 34994 US

**New Mailing Address:**

FEI Number: 59-2694311      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRARY, LAWRENCE E III  
555 COLORADO AVE STE 1  
STUART, FL 34945 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NAKOS, ALEXIS  
Address: 7378 PINE CREEK WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD ( ) Delete  
Name: VABDERZEE, ROBERT  
Address: 7338 PINE CRK WY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete  
Name: POTOSKI, PETER  
Address: 13237 BACKUS ST  
City-St-Zip: SOUTHGATE, MI 48195

Title: D ( ) Delete  
Name: GANNON, LINDA  
Address: 7336 PINE CREEK WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD ( ) Delete  
Name: CISTERNO, FRANK  
Address: 7382 PINECREEK WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD ( ) Delete  
Name: YATES, BRAD  
Address: 7356 PINE CREEK WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: POTOSKI, PETER  
Address: 7348 PINE CREEK WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D (X) Change ( ) Addition  
Name: FREUD, PAUL  
Address: 7396 PINE CREEK WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXIS NAKOS

Electronic Signature of Signing Officer or Director

PRES

03/23/2009

Date