

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90115 049 \*\*\*\*61.25

0062016

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2694311**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VANDERZEE, ROBERT S</b>	
STREET ADDRESS	<b>7338 PINE CREEK WAY</b>	
CITY-ST-ZIP	<b>PT. ST. LUCIE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>URSO, JOE</b>	
STREET ADDRESS	<b>7352 PINE CREEK WAY</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34986</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STONE, DICK</b>	
STREET ADDRESS	<b>7380 PINE CREEK WAY</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34986</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTZOIF, GREG</b>	
STREET ADDRESS	<b>7350 PINE CREEK WAY</b>	
CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34986</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>VANOVOST, ALEXANDER</b>	
STREET ADDRESS	<b>7334 PINE CREEK WAY</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34986</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>DD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PERCIE, Richard</b>	
STREET ADDRESS	<b>7302 PINE CREEK WAY</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34986</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>JD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOTTEN, JOANNE</b>	
STREET ADDRESS	<b>7388 PINE CREEK WAY</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34986</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CESTERINO, Elizabeth</b>	
STREET ADDRESS	<b>7382 PINE CREEK WAY</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE, FL 34986</b>	

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: SIGNATURE REQUIRED 3/5/03 772-429-2771

CR2E037 (10/02)