2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2009
Secretary of State

DOCUMENT# 255941

Entity Name: PINE CREST HILLS APARTMENTS INC

Current Principal Place of Business:

C/O ROBERT ROBINSON
3517 POLK ST #4
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT ROBINSON
3517 POLK ST #4
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-2390827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLIAKOFF, GARY A.
% BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: MUDANO, MARLA
Address: 3517 POLK ST SUITE 3
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD ( ) Delete
Name: GELLER, JEROME
Address: 3517 POLK ST
City-St-Zip: HOLLYWOOD, FL

Title: ST ( ) Delete
Name: ROBINSON, ROBERT
Address: 3517 POLK ST #4
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: GELLER, JEROME
Address: 3517 POLK ST
City-St-Zip: HOLLYWOOD, FL 33021

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME GELLER PD 07/12/2009

Electronic Signature of Signing Officer or Director Date