


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90079 034 ****61.25

DOCUMENT # 751888 1. Entity Name PINE COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1928 LAKE WORTH RD LAKE WORTH, FL 33461			Mailing Address 1928 LAKE WORTH RD LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2066991	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLANAGAN, PETER		NAME	BARRY, MURIEL	
STREET ADDRESS	4723 OAK TERRACE DR		STREET ADDRESS	4661 OAK TERRACE DR.	
CITY-ST-ZIP	GREENACRES CITY, FL 33463		CITY-ST-ZIP	GREENACRES CITY, FL 33463	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METRIE, BRUCE		NAME	METRIE, BRUCE	
STREET ADDRESS	4683 OAK TERRACE DR.		STREET ADDRESS	4683 OAK TERRACE DR.	
CITY-ST-ZIP	GREENACRES CITY, FL 33463		CITY-ST-ZIP	GREENACRES CITY, FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, PENNY		NAME	FLANAGAN, PETER	
STREET ADDRESS	4677 OAK TERRACE DR.		STREET ADDRESS	4723 OAK TERRACE DR.	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP	GREENACRES CITY, FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABRIDGE, JOHN		NAME	SEABRIDGE, JOHN	
STREET ADDRESS	4710 OAK TERRACE DR.		STREET ADDRESS	4710 OAK TERRACE DR.	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LYNCH, MORGAN	
STREET ADDRESS			STREET ADDRESS	4685 OAK TERRACE DR.	
CITY-ST-ZIP			CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Muriel Barry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/15/07 561-588-7210 <small>Date Daytime Phone #</small>		

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