2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751888

FILED Mar 20, 2009 Secretary of State

Entity Name: PINE COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1928 LAKE WORTH RD LAKE WORTH, FL 33461 **Current Mailing Address: New Mailing Address:** 1928 LAKE WORTH RD LAKE WORTH, FL 33461 FEI Number: 59-2066991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVINE, JAY S 2500 NÓRTH MILITARY TRAIL BOCA RATON, FL 33431 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FLANAGAN, PETER FLANAGAN, PETER F P Name: Name: 1212 OLD BOYNTON RD Address: 1212 OLD BOYNTON RD Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: BOYNTON BEACH, FL 33426 Title: VSD () Delete Title: (X) Change () Addition SEABRIDGE, JOHN SEABRIDGE, JOHN V Name: Name: Address: 4710 OAK TERRACE DR Address: 4710 OAK TERRACE DR City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: GREENACRES CITY, FL 33463 Title: () Delete Title: (X) Change () Addition MERUCA, ANDREA SCHAD, DANA S Name: Name: 4665 OAK TERRACE DR Address: 4721 NW 3RD AVE Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: GREENACRES CITY, FL 33463 Title: Title: () Change (X) Addition () Delete Name: Name: KIRCHHEIM, MIGUEL T 4666 OAK TERRACE DR Address: Address: City-St-Zip: City-St-Zip: GREENACITY CITY, FL 33463 Title: () Delete Title: () Change (X) Addition METRIE, BRUCE D Name: Name: 4683 OAK TERRACE DR Address: Address: City-St-Zip: City-St-Zip: GREENACRES CITY, FL 33463

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: JOHN MATH, APM AGT 03/20/2009