

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002736

FILED
Aug 02, 2004
Secretary of State**Entity Name:** PINECRAFT SUBDIVISION ASSOCIATION, INC.**Current Principal Place of Business:**3434 BAHIA VISTA ST
SARASOTA, FL 34239**New Principal Place of Business:****Current Mailing Address:**3434 BAHIA VISTA ST
SARASOTA, FL 34239**New Mailing Address:****FEI Number:** 65-1068208**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RIDDELL, JEFFERSON F
3400 S TAMiami TRAIL
SARASOTA, FL 34239 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:** D () Delete
Name: SMOKER, BENJAMIN K
Address: 1552 GOOD AVENUE
City-St-Zip: SARASOTA, FL 34239**Title:** D () Delete
Name: SMUCKER, SAM
Address: 1552 GOOD AVENUE
City-St-Zip: SARASOTA, FL 34239**Title:** VD () Delete
Name: FARMWALD, JOHN
Address: 1592 GOOD AVE
City-St-Zip: SARASOTA, FL 34239**Title:** D () Delete
Name: GLICK, ELMER
Address: 1552 GOOD AVENUE
City-St-Zip: SARASOTA, FL 34239**Title:** ASD () Delete
Name: GINGERICH, MOSE
Address: 1552 GOOD AVENUE
City-St-Zip: SARASOTA, FL 34239**Title:** TSD () Delete
Name: SCHMUCHER, VERNON E
Address: 1290 GILBERT AVE
City-St-Zip: SARASOTA, FL 34239**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TSD (X) Change () Addition
Name: EMRICH, TODD W
Address: 3434 BAHIA VISTA ST.
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD W. EMRICH

TSD

08/02/2004

Electronic Signature of Signing Officer or Director

Date