

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90015 001 ****61.25

DOCUMENT # N02000000997

1. Entity Name

PINE CREEK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

703 WATERFORD WAY
SUITE 800
MIAMI FL 33126

Mailing Address

703 WATERFORD WAY
SUITE 800
MIAMI FL 33126

40033600



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

% SPACE COAST PROPERTY MGMT

Suite, Apt. #, etc.

1617 COOLING AVE

City & State

MELBOURNE, FLORIDA

Zip
32935

Country
USA

3. Mailing Address

% SPACE COAST PROPERTY MGMT

Suite, Apt. #, etc.

1617 COOLING AVE.

City & State

MELBOURNE, FL

Zip
32935

Country
USA

4. FEI Number

65-1018381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOSIK, VICTOR L
701 BRICKELL AVE, SUITE 1400
MIAMI FL 33131-2822

7. Name and Address of New Registered Agent

Name ROBERT TRAUDT

Street Address (P.O. Box Number is Not Acceptable)

3612 OSCEOLA DRIVE

City MELBOURNE

FL

Zip Code
32901

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

Robert P. Traudt

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 PD
NAME VASSILAROS, ELIAS
STREET ADDRESS 7023 WATERFORD WAY, SUITE 800
CITY-STATE-ZIP MIAMI FL 33126 ☒ Delete

TITLE SD
NAME STOSIK, VICTOR L
STREET ADDRESS 703 WATERFORD WAY, SUITE 800
CITY-STATE-ZIP MIAMI FL 33126 ☒ Delete

TITLE VTD
NAME ROGERS, CHARLES F
STREET ADDRESS 703 WATERFORD WAY, SUITE 800
CITY-STATE-ZIP MIAMI FL 33126 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MARTIN, PAUL F.
STREET ADDRESS 911 INDIAN OAKS DRIVE
CITY-STATE-ZIP MELBOURNE, FL 32901-8165 ☐ Change ☒ Addition

TITLE VD
NAME LARSON, KATHRYN
STREET ADDRESS 840 INDIAN OAKS DRIVE
CITY-STATE-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE TD
NAME ABBATANTUONO, PATRICK
STREET ADDRESS 3602 OSCEOLA DRIVE
CITY-STATE-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE SD
NAME TRAUDT, ROBERT
STREET ADDRESS 3612 OSCEOLA DRIVE
CITY-STATE-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE D
NAME SCROGGINS, JAMES
STREET ADDRESS 3552 OSCEOLA DRIVE
CITY-STATE-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Paul F. Martin PAUL F. MARTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-05

321-728-9551

Date

Daytime Phone #