

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-23-2006 90015 016 ****61.25

DOCUMENT # N02000000997			
1. Entity Name PINE CREEK PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business % SPACE COAST PROPERTY MGMT 1617 COOLING AVE MELBOURNE, FL 32935		Mailing Address 703 WATERFORD WAY 1617 COOLING AVE MELBOURNE, FL 32935	
2. Principal Place of Business <i>Space Coast Property Management</i> Suite, Apt. #, etc. 645 Classic Ct. #104 City & State Melbourne Florida Zip 32940 Country		3. Mailing Address <i>Space Coast Property Management</i> Suite, Apt. #, etc. 645 Classic Ct. Suite 104 City & State Melbourne Florida Zip 32940 Country	
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 TRAUDT, ROBERT 3612 OSCEOLA DRIVE MELBOURNE, FL 32901		7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, PAUL F 911 INDIAN OAKS DRIVE MELBOURNE, FL 32901 ☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	SEQUENZIA, JOSEPH ☐ Change ☒ Addition 1110 INDIAN OAKS DR MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARSON, KATHRYN 840 INDIAN OAKS DRIVE MELBOURNE, FL 32901 ☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	WEBB, PAM ☐ Change ☒ Addition 801 INDIAN OAKS DR MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABBATANTUONE, PATRICK ☐ Delete <i>spelling of last name →</i>	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	ABBATANTUONO, PATRICK ☒ Change ☐ Addition 3602 OSCEOLA DR MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRAUDT, PATRICK ☐ Delete <i>Change first name →</i>	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	TRAUDT, ROBERT ☒ Change ☐ Addition 3612 OSCEOLA DR MELBOURNE, FL 32901
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	SCROGGINS, JAMES ☐ Delete 3552 OSCEOLA DRIVE MELBOURNE, FL 32901	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	KARRAR, DENNIS ☐ Change ☒ Addition 3562 OSCEOLA DRIVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEQUENZIA, JOSEPH ☐ Delete 1110 INDIAN OAKS DR MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS 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: Robert P. Traudt		SIGNATURE: Robert P. Traudt	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-14-06 Daytime Phone # 321-536-7339	