


**2007**  
**2006 NOT-FOR-PROFIT CORPORATION**  
**AMENDED ANNUAL REPORT**

DOCUMENT # N02000000997		
1. Entity Name PINE CREEK PROPERTY OWNERS' ASSOCIATION, INC.		

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 22 AM 9:30

Principal Place of Business % SPACE COAST PROPERTY MGMT 645 CLASSIZ CT. #104 MELBOURNE, FL 32940	Mailing Address % SPACE COAST PROPERTY MGMT 645 CLASSIZ CT. #104 MELBOURNE, FL 32940
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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

12142006 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1018381	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  TRAUDT, ROBERT 3612 OSCEOLA DRIVE MELBOURNE, FL 32901	
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7. Name and Address of New Registered Agent Name <u>GARY WEIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>1000 INDIAN OAKS DR</u> City <u>MELBOURNE</u> FL <u>32901</u>	
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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 <u>Dayle</u> SECRETARY	DATE <u>12-20-06</u>

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, PAUL F 911 INDIAN OAKS MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY WEIS 1000 INDIAN OAKS DR MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, PAM 801 INDIAN OAKS DR MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD P CORUZZI 3622 OSCEOLA DR MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABBATANTUONO, PATRICK 3602 OSCEOLA DRIVE MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DENNIS KARRAR 3562 OSCEOLA DR MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRAUDT, ROBERT 3612 OSCEOLA DRIVE MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PAUL F. MARTIN 911 INDIAN OAKS DR MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCROGGINS, JAMES 3552 OSCEOLA DRIVE MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500086821355 01/31/07--01037--027 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEQUENZIA, JOSEPH 1110 INDIAN OAKS DR MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Paul F. Martin</u>	DATE <u>12-20-06</u> 321-728-9551