

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90083 013 \*\*\*\*61.25

<b>DOCUMENT # N03000002826</b>					
<b>1. Entity Name</b> PINE CREST VILLAGE AT VICTORIA PARK HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 151 N.E. 16 AVENUE FT. LAUDERDALE, FL 33301			<b>Mailing Address</b> 151 N.E. 16 AVENUE 502 FT. LAUDERDALE, FL 33301		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 03-0511667	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHIR, GUY M 1800 CORPORATE BLVD 102 BOCA RATON, FL 33343-1			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P ABRAMSON, DAVID 1515 E. BROWARD BLVD. #325 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	S Abramson, David 1515 E Broward Blvd #325 Ft Lauderdale FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VP LIBERATOR, JULIE 1515 E. BROWARD BLVD. #420 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D Liberatore, Julie 1515 E. Broward Blvd #420 Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	S ORTA, AMY 150 N.E. 15 AVENUE, #151 FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VP Cohen, Lawrence 1515 E. Broward Blvd. #221 Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P Palmer, James 150 NE. 15th AVE #153 Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	T Weidner, Jeff 151 NE 16th AVE #334 Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>BM Kolem</i>			3/5/07 954-527-665		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		