

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002826

FILED
Mar 10, 2009
Secretary of State

Entity Name: PINE CREST VILLAGE AT VICTORIA PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

151 N.E. 16 AVENUE
1ST FLOOR
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

151 N.E. 16 AVENUE
1ST FLOOR
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 03-0511667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIR, GUY M
1800 CORPORATE BLVD
102
BOCA RATON, FL 333431 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: T () Delete
Name: ABRAMSON, DAVID
Address: 1515 E. BROWARD BLVD. #325
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: S () Delete
Name: LIBERATOR, JULIE
Address: 1515 E. BROWARD BLVD. #420
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: V () Delete
Name: COHEN, LAWRENCE
Address: 1515 E. BROWARD BLVD #210
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: P () Delete
Name: PALMER, JAMES
Address: 150 E. 15TH AVE #153
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: COHEN, LARRY
Address: 1515 E BROWARD BLVD #221
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DEMEGLIO, JOHN
Address: 1515 E. BROWARD BLVD. #116
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: COHEN, LAWRENCE
Address: 1515 E. BROWARD BLVD #210
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T (X) Change () Addition
Name: PALMER, JAMES
Address: 150 E. 15TH AVE #153
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LAWRENCE COHEN

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date