

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007156

FILED
Apr 27, 2009
Secretary of State

Entity Name: PINE CREST PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

600 NE 8 ST
POMPANO BCH, FL 33060

New Principal Place of Business:

612/614 N.E. 11TH AVE.
POMPANO BCH, FL 33060

Current Mailing Address:

600 NE 8 ST
POMPANO BCH, FL 33060

New Mailing Address:

P.O. BOX 663
JUPITER, FL 334680663

FEI Number: 20-4725343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'ROURKE, PATRICIA
600 NE 8 ST
POMPANO BCH, FL 33060 US

Name and Address of New Registered Agent:

DOWNS, HELENE A
123 MARLBERRY CIR.
JUPITER, FL 33458 US

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: HELENE A. DOWNS

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOWNS, HELENE ANN
Address: 600 NE 8 ST
City-St-Zip: POMPANO BCH, FL 33060

Title: VSD (X) Delete
Name: O'ROURKE, PATRICIA
Address: 600 NE 8 ST
City-St-Zip: POMPANO BCH, FL 33060

Title: TD (X) Delete
Name: SCHALK, JEAN
Address: 600 NE 8 ST
City-St-Zip: POMPANO BCH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOWNS, HELENE A
Address: 123 MARLBERRY CIRCLE
City-St-Zip: JUPITER, FL 33458

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

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: HELENE A. DOWNS

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date