

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
(Stamp)

DOCUMENT # **N07868** (5)

PINE CROFT CONDOMINIUM ASSOCIATION, INC.

MAY - 1 5:12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O CONCEPT MANAGEMENT SERVICES  
7136 SE OSPREY STREET  
HOBE SOUND FL 33455**

Mailing Address: **C/O CONCEPT MANAGEMENT SERVICES  
7136 SE OSPREY STREET  
HOBE SOUND FL 33455**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/27/1985** 3a. Date of Last Report: **03/28/1994**

4. FE Number: **59-2578425** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Director Compensation:  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability/partnership tax under S-199032 Florida Statutes:  Yes  No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

State: **22** State: **27**

City & State: **23** City & State: **28**

Zip: **24** Zip: **29** County: **25** County: **30**

9. Name and Address of Current Registered Agent  
**CORNETT, JANE L. ESQ.  
WACKEEN CORNETT & GOOGE  
401 EAST OSCEOLA STREET  
STUART FL 34995**

10. Name and Address of New Registered Agent  
**81 Name:**  
**82 Post Address (P.O. Box Number is Not Acceptable):**  
**83**  
**84 City:** **FL** **85 Zip Code:**

11. I, the undersigned, being a resident of the State of Florida, Florida Statutes, the above named corporation submit this statement for the purpose of filing a report of a registered agent of the corporation in the State of Florida. I hereby accept this appointment as registered agent of the corporation with respect to the obligations of the corporation under Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME: <b>VPDA OLMEDA, GAIL</b>	ADDRESS: <b>8420 SE CROFT CIR #E-3 HOBE SOUND FL</b>	NAME: <b>V/D ALTHOFF, EARL</b>	ADDRESS: <b>10501 SE CROFT COURT #D-3 HOBE SOUND, FL 33455</b>
NAME: <b>SD LONEK, ANN</b>	ADDRESS: <b>8259 SE CROFT CIR #L-3 HOBE SOUND FL</b>	NAME: <b>S/D SCHEDIG, GEORGE</b>	ADDRESS: <b>8291 SE CROFT CIRCLE #M-5 HOBE SOUND, FL 33455</b>
NAME: <b>TD ALTHOFF, KATHRYN</b>	ADDRESS: <b>10501 SE CROFT CT. #D-3 HOBE SOUND FL</b>	NAME: <b>T/D GEISTLER, RALPH</b>	ADDRESS: <b>8196 SE CROFT CIRCLE #I-1 HOBE SOUND, FL 33455</b>
NAME: <b>PD BECK, CAROL F.</b>	ADDRESS: <b>8228 SE CROFT CIRCLE, #J-8 HOBE SOUND FL</b>	NAME: <b>D MCGILL, WALTER</b>	ADDRESS: <b>10501 SE CROFT COURT #D-2 HOBE SOUND, FL 33455</b>
NAME: <b>D MARINO, CLARA</b>	ADDRESS: <b>8227 SE CROFT CIR #K-1 HOBE SOUND FL</b>	NAME: <b>P/D MARINO, CLARA</b>	ADDRESS: <b>8227 SE CROFT CIRCLE #K-1 HOBE SOUND, FL 33455</b>
NAME: <b>D BARWISE, WALLACE</b>	ADDRESS: <b>6995 SE CUTLER TRL STAURT FL</b>	NAME: <b>D WILSON, IRVIN</b>	ADDRESS: <b>8420 SE CROFT CIRCLE #E-5 HOBE SOUND, FL 33455</b>

I hereby certify that the information furnished on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. I also certify that I am a resident of the State of Florida and that my name is registered with the Department of State, Florida Statutes, and that my name appears on the books of the corporation as an officer or director.

SIGNATURE: *Clara F. Marino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (407) 546-6850