

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N07868 (5)**
1. Corporation Name

PINE CROFT CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 02/27/1985	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

4. FEI Number 59-2578425	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORNETT, JANE L. ESQ.
WACKEEN CORNETT & GOOGE
401 EAST OSCEOLA STREET
STUART FL 34995**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VPDA <input checked="" type="checkbox"/> DELETE
NAME	OLMEDA, GAIL
STREET ADDRESS	8420 SE CROFT CIR #E-3
CITY-ST-ZIP	HOBE SOUND FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	LONEK, ANN
STREET ADDRESS	8259 SE CROFT CIR #L-3
CITY-ST-ZIP	HOBE SOUND FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ALTHOFF, KATHRYN
STREET ADDRESS	10501 SE CROFT CT. #D-3
CITY-ST-ZIP	HOBE SOUND FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BECK, CAROL F.
STREET ADDRESS	8228 SE CROFT CIRCLE, #J-8
CITY-ST-ZIP	HOBE SOUND FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MARINO, CLARA
STREET ADDRESS	8227 SE CROFT CIR #K-1
CITY-ST-ZIP	HOBE SOUND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BARWISE, WALLACE
STREET ADDRESS	6995 SE CUTLER TRL
CITY-ST-ZIP	STAURT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONNELLY, THOMAS
1.3 STREET ADDRESS	8196 SE CROFT CIRCLE #I-6
1.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LONEK, ANN
2.3 STREET ADDRESS	8259 SE CROFT CIRCLE #L-3
2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALTHOFF, EARL
3.3 STREET ADDRESS	10501 SE CROFT COURT #D-3
3.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCHEIDIG, GEORGE
4.3 STREET ADDRESS	8291 SE CROFT CIRCLE #M-5
4.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARINO, CLARA
5.3 STREET ADDRESS	8227 SE CROFT CIRCLE #K-1
5.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILSON, IRVIN
6.3 STREET ADDRESS	8420 SE CROFT CIRCLE #E-5
6.4 CITY-ST-ZIP	HOBE SOUND, FL 33455

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Earl O. Althoff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 Date (407) 546-8185 Daytime Phone #

CR2E037 (12/95)