


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N07868 (5)
1. Corporation Name
PINE CROFT CONDOMINIUM ASSOCIATION, INC.



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| 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 33455-6159 |
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|---|---------------------------------------|
| 3. Date Incorporated or Qualified 02/27/1985 | 3a. Date of Last Report 04/17/1996 |
|---|---------------------------------------|

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | Country 30 |
|--|---|---------------|

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| 4. FEI Number 59-2578425 | Applied For Not Applicable |
| 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
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 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD THOMAS DONNELLY 8196 SE CROFT CIRCLE, #1-6 HOBE SOUND FL | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LONEK, ANN 8259 SE CROFT CIR #L-3 HOBE SOUND FL | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD EARL ALTHOFF 10501 SE CROFT COURT, #D-3 HOBE SOUND FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GEORGE SCHEIDIG 8291 SE CROFT CIRCLE, #M-5 HOBE SOUND FL | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARA MARINO 8227 SE CROFT CIR #K-1 HOBE SOUND FL | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IRVIN WILSON 8420 SE CROFT CIRCLE, #E-5 HOBE SOUND FL | <input checked="" type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|---|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | D GEISTLER, RALPH 8196 SE CROFT CIRCLE #I-1 HOBE SOUND, FL 33455 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | D LONEK, ANN 8259 SE CROFT CIRCLE #L-3 HOBE SOUND, FL 33455 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | SD SCHEIDIG, GERTRUDE 8291 SE CROFT CIRCLE #M-5 HOBE SOUND, FL 33455 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | PD MARINO, CLARA 8227 SE CROFT CIRCLE #K-1 HOBE SOUND, FL 33455 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | VD WILSON, IRVIN 8420 SE CROFT COURT #E-5 HOBE SOUND, FL 33455 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Althoff* EARL ALTHOFF 1-22-97 (561)546-4926

CR2E037 (9/96)