

FILE NOW: FILING FEE IS \$61.25

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**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.



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
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3. Date Incorporated or Qualified 02/27/1985
4. FEI Number 59-2578425
Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CORNETT, JANE L. ESQ.
 WACKEN 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GEISTLER, RALPH	
STREET ADDRESS	8196 SE CROFT CIRCLE #I-1	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LONEK, ANN	
STREET ADDRESS	8259 SE CROFT CIRCLE #L-3	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EARL ALTHOFF	
STREET ADDRESS	10501 SE CROFT COURT, #D-3	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHIEDIG, GERTRUDE	
STREET ADDRESS	8291 SE CROFT CIRCLE #M-5	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARINO, CLARA	
STREET ADDRESS	8227 SE CROFT CIRCLE #K-1	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, IRVIN	
STREET ADDRESS	8420 SE CROFT COURT #E-5	
CITY-ST-ZIP	HOBE SOUND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD LANGWORTH, CHARLES
2.3 STREET ADDRESS	8387 SE CROFT CIRCLE #Q-8
2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD DROUIN, CLAIRE
4.3 STREET ADDRESS	8291 SE CROFT CIRCLE #M-4
4.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TD MARTINI, NICHOLAS
5.3 STREET ADDRESS	8259 SE CROFT CIRCLE #L-1
5.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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* DATE: *04/10/98*

CP2E037 (10/97)