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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N07868

1. Corporation Name

PINE CROFT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SOUND MANAGEMENT SERVICES, INC.
 P.O. BOX 2188
 STUART FL 34995

% SOUND MANAGEMENT SERVICES, INC.
 P.O. BOX 2188
 STUART FL 34995



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/27/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2578425	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		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	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEISTLER, RALPH	1.2 NAME	Desantis, Dominick
STREET ADDRESS	8196 SE CROFT CIRCLE #1-1	1.3 STREET ADDRESS	611 S. Federal Hwy. Suite C
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	Stuart, FL 34995
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGWORTH, CHARLES	2.2 NAME	Boley, Leslie
STREET ADDRESS	8387 SE CROFT CIRCLE #Q-8	2.3 STREET ADDRESS	8132 SE Croft Circle A-4
CITY-ST-ZIP	HOBE SOUND FL 33455	2.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	EARL ALTHOFF	3.2 NAME	
STREET ADDRESS	10501 SE CROFT COURT, #D-3	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DROUIN, CLAIRE	4.2 NAME	Gould, James
STREET ADDRESS	8291 SE CROFT CIRCLE #M-4	4.3 STREET ADDRESS	8419 SE Croft Circle #F-2
CITY-ST-ZIP	HOBE SOUND FL 33455	4.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINI, NICHOLAS	5.2 NAME	
STREET ADDRESS	8259 SE CROFT CIRCLE #L-1	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	WILSON, IRVIN	6.2 NAME	
STREET ADDRESS	8420 SE CROFT COURT #E-5	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	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, with all other like empowered.

SIGNATURE:

Nicholas Martini
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas Martini 3/10/99

Date

Daytime Phone #

CR2E037 (11/98)