

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90026 040 \*\*\*\*61.25

**DOCUMENT # N07868**

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*C/O Bristol Management*

*C/O Bristol Management*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1930 Commerce Ln #1*

*1930 Commerce Ln #1*

City & State

City & State

*Supida FL*

*Supida FL*

4. FEI Number

**59-2578425**

Applied For

Not Applicable

Zip

Country

Zip

Country

*32458 USA*

*32458 USA*

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **DESANTIS, DOMINICK**  
 STREET ADDRESS **611 S FEDERAL HWY STE C**  
 CITY-ST-ZIP **STUART FL 34995**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT**  Delete  
 NAME **MARINO, CLARA**  
 STREET ADDRESS **8227 SE CROFT CIRCLE K-1**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE  Change  Addition  
 NAME *D/T Barbara Stully*  
 STREET ADDRESS *10501 SE Croft Cir D-05*  
 CITY-ST-ZIP *HOBE SOUND, FL 33455*

TITLE **PT**  Delete  
 NAME **EARL ALTHOFF**  
 STREET ADDRESS **10501 SE CROFT COURT, #D-3**  
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE  Change  Addition  
 NAME *Earl Althoff*  
 STREET ADDRESS *10501 SE Croft Cir D-3*  
 CITY-ST-ZIP *HOBE SOUND, FL 33455*

TITLE **TD**  Delete  
 NAME **LEWIS, WALTER**  
 STREET ADDRESS **5203 SE SWEETBRIER**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE  Change  Addition  
 NAME *S/D Ann Lunk*  
 STREET ADDRESS *8259 SE Croft Cir*  
 CITY-ST-ZIP *HOBE SOUND, FL 33455*

TITLE **D**  Delete  
 NAME **COWPER, JACKIE**  
 STREET ADDRESS **8195 SE CROFT CIRCLE**  
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE  Change  Addition  
 NAME *D/D Peter Sos Nouch*  
 STREET ADDRESS *10507 SE Croft Cir #D-07*  
 CITY-ST-ZIP *HOBE SOUND, FL 33455*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME *D/VP Rod Barrop*  
 STREET ADDRESS *10501 SE Croft Cir*  
 CITY-ST-ZIP *HOBE SOUND FL 33455*

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jane L. Cornett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/07/02*  
 Date

*772/546/8185*  
 Daytime Phone #

CR2E037 (9/01)