


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90086 025 \*\*\*\*61.25

<b>DOCUMENT # N07868</b>					
1. Entity Name PINE CROFT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O BRISTOL MANAGEMENT 1930 COMMERCE LANE #1 JUPITER, FL 33458			Mailing Address C/O BRISTOL MANAGEMENT 1930 COMMERCE LANE #1 JUPITER, FL 33458		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
INGLIS, STEVE C/O BRISTOL MGMT 1930 COMMERCE LN #1 JUPITER, FL 33458			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAULD, JAMES		NAME		
STREET ADDRESS	P.O. BOX 1870		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33475		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKULLY, BARBARA		NAME	SKULLY, Barbara	
STREET ADDRESS	10501 SE CROSS CIR, D-05		STREET ADDRESS	10501 SE CROFT COURT	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	HOBE SOUND, FL, 33455	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAROUP, RODNEY		NAME		
STREET ADDRESS	8388 SE CROFT CIRCLE P8		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWPER, JACKIE		NAME	COWPER, JACKIE	
STREET ADDRESS	8195 SE CROFT CIRCLE		STREET ADDRESS	8195 SE CROFT CIRCLE	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOSNOUICH, PETER		NAME	ANN LOREK, ANN	
STREET ADDRESS	10507 SE CROFT CIT, #D-07		STREET ADDRESS	8259 SE CROFT CIRCLE	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KATHY ALTHOFF, KATHY	
STREET ADDRESS			STREET ADDRESS	10501 SE CROFT COURT	
CITY-ST-ZIP			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: _____			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					