


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90025 046 ****61.25

DOCUMENT # N07868

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01172005 Chg-NP CR2E037 (10/03)

City & State
 City & State

Zip
 Country

Zip
 Country

4. FEI Number
 59-2578425

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

INGLIS, STEVE
 C/O BRISTOL MGMT
 1930 COMMERCE LN #1
 JUPITER, FL 33458

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TREASURER NAME: GOULD, JAMES STREET ADDRESS: P.O. BOX 1870 CITY-ST-ZIP: HOBE SOUND, FL 33475	<input type="checkbox"/> Delete
PRESIDENT NAME: SKELLY, BARBARA STREET ADDRESS: 10501 SE CROFT COURT CITY-ST-ZIP: HOBE SOUND, FL 33455	<input type="checkbox"/> Delete
V. PRESIDENT NAME: COWPER, JACKIE STREET ADDRESS: 8195 SE CROFT CIRCLE CITY-ST-ZIP: HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete
S NAME: LONEK, ANN STREET ADDRESS: 8259 SE CROFT CIRCLE CITY-ST-ZIP: HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete
D NAME: ALTHOFF, KATHY STREET ADDRESS: 10501 SE CROFT COURT CITY-ST-ZIP: HOBE SOUND, FL 33455	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR Vice President NAME: DAMIAN PEDUTO STREET ADDRESS: 8387 SE Croft Circle CITY-ST-ZIP: Hobe Sound- FL 33455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR NAME: DAVE MACCARONE STREET ADDRESS: 8387 SE Croft Circle CITY-ST-ZIP: Hobe Sound- FL 33455	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 Date
 772-546 9322 Daytime Phone #