


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90043 050 \*\*\*\*61.25

**DOCUMENT # N07868**  
 1. Entity Name  
**PINE CROFT CONDOMINIUM ASSOCIATION, INC.**



**66004861**

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.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01242006 Chg-NP CR2E037 (11/05)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when releasing)

**Filing Fee is \$61.25 Due by May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GOULD, JAMES P.O. BOX 1870 HOBE SOUND, FL 33475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAY MAHONEY, Treasurer 8387 SE CROFT CIR., Q-7 HOBE SOUND, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKELLY, BARBARA 10501 SE CROFT COURT HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAN BELBY, President SE CROFT CIRCLE, I-6 HOBE SOUND, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEDUTO, DAMIAN 8387 SE CROFT CROOK HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHELLE ALLEN, VP SE CROFT CIRCLE, H-5 HOBE SOUND, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGEARONE, DAVE 8387 SE CROFT CIRCLE HOBE SOUND, FL 33455 Director <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTHOFF, KATHY 10501 SE CROFT COURT HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *DAMIAN PEDUTO* **FEBRUARY 6, 2006**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

MAR 03 2006



ATTACHMENT

66004861

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

PINE CROFT CONDOMINIUM ASSOCIATION, INC.  
C/O BRISTOL MANAGEMENT  
1930 COMMERCE LANE #1  
JUPITER, FL 33458

Subject: PINE CROFT CONDOMINIUM ASSOCIATION, INC.

Reference Number: N07868

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION