


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 008 ****61.25

DOCUMENT # N07868					
1. Entity Name PINE CROFT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10500 S.E. CROFT COURT HOBE SOUND, FL 33455			Mailing Address 10500 S.E. CROFT COURT HOBE SOUND, FL 33455		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2578425	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
ROSS, DEBORAH L ESQ. C/O ROSS EARLE & BONAN, P.A. 759 S. FEDERAL HWY., STE. 212 STUART, FL 34994				7. Name and Address of New Registered Agent	
				Name MARY HARVEY ESQ.	
				Street Address (P.O. Box Number is not Acceptable) 40 BECKER & KOLLAROFF, RA.	
				1850 FOUNTAINVIEW BLVD, STE 103	
				City PORT ST LUCIE FL Zip Code 34986	
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 <i>Mary L. Harvey</i>				DATE 1/10/08	
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, 2008		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	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, LOUISE		NAME		
STREET ADDRESS	8228 S.E. CROFT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33475		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEDUTO, DAMIAN		NAME		
STREET ADDRESS	10501 SE CROFT COURT		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHIRILLO, SONDRA		NAME		
STREET ADDRESS	8259 SE CROFT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAHONEY, JAY		NAME		
STREET ADDRESS	8387 SE CROFT CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	DIR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BELBEY, DAN		NAME	GEORGE SHARP	
STREET ADDRESS	8196 SE CROFT CIRCLE		STREET ADDRESS	8195 SE CROFT CIRCLE	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Sondra Chirillo</i>				Date 1-7-08 Daytime Phone # 772-546-3311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	