

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07868

FILED
Mar 03, 2009
Secretary of State

Entity Name: PINE CROFT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10500 S.E. CROFT COURT
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

10500 S.E. CROFT COURT
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 59-2578425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIREKTOR, KENNETH S ESQ
C/O BECKER & POLIAKOFF, P.A.
1850 FOUNTAIN VIEW BLVD SUITE 103
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: JOHNSON, LOUISE
Address: 8228 S.E. CROFT CIRCLE
City-St-Zip: HOBE SOUND, FL 33475

Title: D () Delete
Name: MARSHALL, DIANE
Address: 8195 SE CROFT CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: P () Delete
Name: CHIRILLO, SONDRRA
Address: 8259 SE CROFT CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: SEC () Delete
Name: MAHONEY, JAY
Address: 8387 SE CROFT CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: DIR () Delete
Name: SHARP, GEORGE
Address: 8195 SE CROFTCIRCLE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: WILSON, JUNE
Address: 8420 SE CROFTCIRCLE
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONDRRA CHIRILLO

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date