

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90228 026 ****61.25

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DOCUMENT # N07868

1. Entity Name
PINE CROFT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**C/O BRISTOL MANAGEMENT
1930 COMMERCE LANE #1
JUPITER FL 33458**

**C/O BRISTOL MANAGEMENT
1930 COMMERCE LANE #1
JUPITER FL 33458**

10043473



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 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

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

6. Name and Address of Current Registered Agent

**CORNETT, JANE L. ESQ.
WACKEEN CORNETT & GOOGE
401 EAST OSCEOLA STREET
STUART FL 34995**

7. Name and Address of New Registered Agent

Name **Steve Inglis**

Street Address (P.O. Box Number is Not Acceptable) **C/O Bristol Management
1930 Commerce Ln #1**

City **Jupiter** FL Zip Code **33458**

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 *Steve Inglis* **Steve Inglis** DATE **3-20-2003**

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

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DESANTIS, DOMINICK 611 S FEDERAL HWY STE C STUART FL 34995	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFD SKULLY, BARBARA 10501 SE CROSS CIR, D-05 HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EARL ALTHOFF 10501 SE CROFT COURT, #D-3 HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUNCK, ANN 8259 SE CROFT CIR HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSD COWPER, JACKIE 8195 SE CROFT CIRCLE HOBE SOUND FL 33455	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D SOSNOUICH, PETER 10507 SE CROFT CIT, #D-07 HOBE SOUND FL 33455	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - D James Gauld PO Box 1870 Hobe Sound, FL 33475	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - D Rodney Baroup 8388 S.E. Croft Circle P8 Hobe Sound, FL. 33455	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input checked="" 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: *Rodney Baroup* **3/13/03** **561-575-3551**

CR2E037 (10/02)