

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90027 041 ****61.25

DOCUMENT # N14644 1. Entity Name PINE CREEK TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 9700 RESERVE BLVD PORT ST. LUCIE, FL 34986 US			Mailing Address 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 US		
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 59-2694311	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRARY, LAWRENCE E III 555 COLORADO AVE STE 1 STUART, FL 34945			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD PERCIC, RICHARD <input checked="" type="checkbox"/> Delete 7364 PINE CREEK WAY PORT SAINT LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAKOS, ALEXIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7378 PINE CREEK WAY PORT ST. LUCIE, FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VABDERZEE, ROBERT <input type="checkbox"/> Delete 7338 PINE CRK WY PORT SAINT LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTOSKI, PETER <input type="checkbox"/> Delete 13237 BACKUS ST SOUTHGATE, MI 48195		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GANNON, LINDA <input type="checkbox"/> Delete 7336 PINE CREEK WAY PORT SAINT LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERKICH, KAREN <input checked="" type="checkbox"/> Delete 7350 PINE CREEK WAY PORT SAINT LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CISTERNO, FRANK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7388 PINE CREEK WAY PORT ST. LUCIE, FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBADENEYRA, THOMAS <input checked="" type="checkbox"/> Delete 7398 PINE CRK WY PORT SAINT LUCIE, FL 34986		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YATES, BRAD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7356 PINE CREEK WAY PORT ST. LUCIE, FL 34986	
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: <u>Alexis Nakos</u>			3/25/08 914-584-1843		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40053284



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2694311

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRARY, LAWRENCE E III
555 COLORADO AVE STE 1
STUART, FL 34945

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.

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**Filing Fee is \$61.25
Due by May 1, 2008**

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

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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SIGNATURE: Alexis Nakos

3/25/08 914-584-1843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40053284

~~#~~ N1464ef

D

FREUD, PAUL

7396 PINE CREEK WAY

PORT ST. LUCIE, FL 34986