

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14644

FILED
Mar 23, 2009
Secretary of State

Entity Name: PINE CREEK TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

9700 RESERVE BLVD
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2694311 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRARY, LAWRENCE E III
555 COLORADO AVE STE 1
STUART, FL 34945 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: PD () Delete
Name: NAKOS, ALEXIS
Address: 7378 PINE CREEK WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD () Delete
Name: VABDERZEE, ROBERT
Address: 7338 PINE CRK WY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: POTOSKI, PETER
Address: 13237 BACKUS ST
City-St-Zip: SOUTHGATE, MI 48195

Title: D () Delete
Name: GANNON, LINDA
Address: 7336 PINE CREEK WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: CISTERNO, FRANK
Address: 7382 PINECREEK WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD () Delete
Name: YATES, BRAD
Address: 7356 PINE CREEK WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: POTOSKI, PETER
Address: 7348 PINE CREEK WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D (X) Change () Addition
Name: FREUD, PAUL
Address: 7396 PINE CREEK WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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

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: ALEXIS NAKOS

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date