


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90080 006 \*\*\*\*61.25

<b>DOCUMENT #N17472</b> 1. Entity Name <b>PINE CREST AT INDIAN CREEK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PINE CREST CONDO ASSOC. 1600 PINE CREST CIR JUPITER, FL 33458</b>			Mailing Address <b>PINE CREST CONDO ASSOC. 1600 PINE CREST CIR JUPITER, FL 33458</b>		
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 <b>65-0009126</b>
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GASSMANN, KATHLEEN A 601-A PINECREST CIRCLE JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASSMANN, HENRY W 601-A PINECREST CIR JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRULELLO, JOSEPH 1202-F PINECREST CIR JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASCARELLA, FRANK 1401-F PINCREST CIR JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDERGAST, JOE 702-A PINECREST CI JUPITER, FL 33458	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANNON, HARRY 1201 PINE CREST CIRCLE JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Griffin, Judith 602 A Pinecrest Circle Jupiter, FL 33458				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Galasso, Arline 201-F Pinecrest Circle Jupiter, FL 33458				
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.					
<b>SIGNATURE:</b> <u>Henry W. Gassmann</u> <b>HENRY W. GASSMANN</b> 4/8/07					