2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N17472

Entity Name: PINE CREST AT INDIAN CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PINE CREST CONDO ASSOC.
1600 PINE CREST CIR
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

PINE CREST CONDO ASSOC.
1600 PINE CREST CIR
JUPITER, FL 33458

New Mailing Address:

AMD MANAGEMENT SERVICES
PO BOX 1129
JUPITER, FL 33468

FEI Number: 65-0009126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMANN, KATHLEEN A
601-A PINECREST CIRCLE
JUPITER, FL 33458 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:	TD	( ) Delete
Name:	GASSMANN, HENRY W	
Address:	601-A PINECREST CIR	
City-St-Zip:	JUPITER, FL 33458	
Title:	S	( ) Delete
Name:	GRIFFIN, JUDITH	
Address:	602 A PINECREST CIRCLE	
City-St-Zip:	JUPITER, FL 33458	
Title:	PD	( ) Delete
Name:	PASCARELLA, FRANK	
Address:	1401-F PINCREST CIR	
City-St-Zip:	JUPITER, FL 33458	
Title:	D	(X) Delete
Name:	GLASSO, ARLINE	
Address:	201 F PINECREST CIRCLE	
City-St-Zip:	JUPITER, FL 33458	
Title:	VPD	( ) Delete
Name:	HINES, JOHN	
Address:	507 C PINECREST CIRCLE	
City-St-Zip:	JUPITER, FL 33458	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GUIDITTA, CONNIE	
Address:	1202 A PINECREST CIRCLE	
City-St-Zip:	JUPITER, FL 33458	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPSD	(X) Change ( ) Addition
Name:	HINES, JOHN	
Address:	502 C PINECREST CIRCLE	
City-St-Zip:	JUPITER, FL 33458	

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: FRANK PASCARELLA PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date