## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 25, 2008 8:00 am Secretary of State

1. Entity Nam	DOCUMENT # N19584  1. Entity Name PINECREST CONDOMINIUM ASSOCIATION, INC.  Principal Place of Business Mailing Address				02-25-2008	90040 008 ****61.:	25
5116 A MICH		Maiting Address 5116 A MICHIGAN AVE W. PALM BEACH, FL 334	115		NAKA KATAK AMBU SAMI I	BYDA DJEK GIRKA DADIK DIDIK BURKA BURKA	
Principal Place of Business - No P.O. Box #     3. M		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008	Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number	PLICABLE	<del></del>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	\$8.75 Add	ditional_
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	v Registered Agent	
STERLING	S, STEPHANIE	agistal a Agont	Name	STEUP	GH	988	
5022 MICHIGAN AVE 2B		Street Addr		ddress (P.O. Box Numbe	Lis Not Accepta	HU ALC	
WEST PA	LM BEACH, FL 33415						
			City L	UPB _		FL Zip.Cog	415
	named entity subships this statement for	the purpose of changing its re	egistered office or	registered agent, or both	n, in the State of	Florida. I am familiar with,	and accept
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1	<i>III</i> .					1/aillar	
SIGNATURE	Signature, lyged or prince before or registered about	alciniari applicable. (NOTE: I	Registered Apent slopetu	we required when reinstallion)		1/24/08	
SIGNATURE	Signature, typod or printipolescher or registered agent	olo bio il oppicazio. (NOTE: I	Registered Agent signatu	re (equired when (einstaling)	10. 200	DATE	
-	Signature, typed or printed eacher of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	se required when reinstating)  \$5.00 May Br Added to Fees	, (	Make check payable torida Department of S	
-	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	, F	Make check payable t	tate 🤼 🤼
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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 terport 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 trestee tempowered to execut first 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 air address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

Daytime Phone #