2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N19584

Entity Name: PINECREST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5116 A MICHIGAN AVE
W. PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

5116 A MICHIGAN AVE
W. PALM BEACH, FL 33415

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLASS, STEVE
3022 MICHIGAN AVE
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

COYOTE ACCOUNTING
11924 FOREST HILL BLVD.
SUITE 22-391
WELLINGTON, FL 33414 US

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: ALICE GUY AZZARO 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILKES, JONATHAN
Address: 5054 MICHIGAN AVE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD ( ) Delete
Name: ELAR, JOSHPHINE
Address: 5116 MICHIGAN AVE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: P ( ) Delete
Name: GLASS, STEVE
Address: 5022 MICHIGAN AVE 2B
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Delete
Name: BRENNAN, TIMOTHY
Address: 5084 MICHIGAN AVE
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JONATHAN WILKES D 04/21/2009
Electronic Signature of Signing Officer or Director Date