

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002515

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: PINECREST COMMUNITY ASSOCIATION, INC.

## Current Principal Place of Business:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DR. SUITE 4  
FORT MYERS, FL 33913 US

## New Principal Place of Business:

## Current Mailing Address:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DR. SUITE 4  
FORT MYERS, FL 33913 US

## New Mailing Address:

FEI Number: 65-0425839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHERRY, NASSOIY  
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DR. SUITE 4  
FORT MYERS, FL 33913 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: DP ( ) Delete  
Name: CHAPPELL, SHERI  
Address: 12741 MEADOW PINES LANE  
City-St-Zip: FORT MYERS, FL 33913

Title: DVP ( ) Delete  
Name: DATILLO, JOHN  
Address: 12705 VISTA PINE CIRCLE  
City-St-Zip: FT MYERS, FL 33913

Title: DS ( ) Delete  
Name: BANKS, DOUG  
Address: 12814 VISTA PINE CIR  
City-St-Zip: FORT MYERS, FL 33913

Title: DT ( ) Delete  
Name: SICHEL, ED  
Address: 12898 VISTA PINE CIR  
City-St-Zip: FORT MYERS, FL 33913

Title: D ( ) Delete  
Name: LAUTA, RON  
Address: 12710 MEADOW PINE LN  
City-St-Zip: FORT MYERS, FL 33913

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: CHAPPELL, SHERI  
Address: PO BOX 2052  
City-St-Zip: FORT MYERS, FL 33902

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: SHERRY NASSOIY

RA

04/25/2009

Electronic Signature of Signing Officer or Director

Date