

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005678

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: PINE CREST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

TMG MANAGEMENT  
2641 E. ATLANTIC BLVD, SUITE 310  
POMPAÑO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

TMG MANAGEMENT  
P.O. BOX 802  
POMPAÑO BEACH, FL 33061 US

**New Mailing Address:**

FEI Number: 65-0485077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TMG MANAGEMENT  
2641 E. ATLANTIC BLVD  
SUITE 310  
POMPAÑO BEACH, FL, FL 33062 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: T ( ) Delete  
Name: HAMBY, TERRY  
Address: 8472 NW 47 ST.  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S ( ) Delete  
Name: BADREDDINE, LINDA  
Address: 8553 NW 47 ST  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP ( ) Delete  
Name: SPIVAK, MIKE  
Address: 8540 NW 46 DR  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: PD ( ) Delete  
Name: POUCHER, CARLA  
Address: 8445 NW 46 DR.  
City-St-Zip: CORAL SPRINGS, FL 33067

**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 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: TERRY MCGREGOR

MR

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date