2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N96000000182

Entity Name: PINECREST LAKES & PARKS, INC.

Current Principal Place of Business:

947 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 883
JENSEN BEACH, FL 34958

New Mailing Address:

FEI Number: 65-0686385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, DEBORAH
759 S. FEDERAL HWY., STE 212
STUART, FL 34994 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:	PD	( ) Delete
Name:	ULRICH, DAN	
Address:	326 NE FICUS TER	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	VPD	( ) Delete
Name:	BRANTMAN, ROBERT	
Address:	390 NE TOWN TERRACE	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	D	( ) Delete
Name:	POWELL, FLOYD	
Address:	501 NE TOWN TERRACE	
City-St-Zip:	JENSEN BEACH, FL	
Title:	TD	( ) Delete
Name:	OVERFIELD, EDWARD	
Address:	304 NE ELM TERR	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	D	( ) Delete
Name:	MONTICELLI, JOYCE	
Address:	274 NE ELM TERRACE	
City-St-Zip:	JENSEN BEACH, FL 34957	
Title:	SD	( ) Delete
Name:	MOOTY, ELIZABETH	
Address:	2470 NE PINECREST LAKES BLVD.	
City-St-Zip:	JENSEN BEACH, FL 34957	

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:	
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: ELIZABETH MOOTY SD 01/17/2009

Electronic Signature of Signing Officer or Director — Date