

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011820

FILED
Jul 02, 2008
Secretary of State

Entity Name: PINE CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7401 WILES RD, SUITE 104
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

7401 WILES RD, SUITE 104
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 59-3825982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

M&M PROPERTY MANAGEMENT LLC
7401 WILES RD, SUITE 104
CORAL SPRINGS, FL 33067 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: P () Delete
Name: FLORES, JOSE
Address: 7143 PINECREEK LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: V () Delete
Name: LUNA, JAIME
Address: 7119 PINECREEK LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: S () Delete
Name: SAFON, ANTHONY
Address: 7116 PINECREEK WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: T (X) Delete
Name: YOUNG, RICHARD
Address: 5029 PINECREEK PLACE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARDY, WILLIAM
Address: 7131 PINECREEK LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: S (X) Change () Addition
Name: FLORES, JOSE
Address: 7143 PINECREEK LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: T (X) Change () Addition
Name: SAFON, ANTHONY
Address: 7116 PINECREEK WAY
City-St-Zip: COCONUT CREEK, FL 33073

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: ROBERT MILLER

MGR

07/02/2008

Electronic Signature of Signing Officer or Director

_____ Date