

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Dec 22, 2008  
Secretary of State**

DOCUMENT# N04000011820

**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 ( )

**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: HARDY, WILLIAM  
Address: 7131 PINECREEK LANE  
City-St-Zip: COCONUT CREEK, FL 33073Title: S ( ) Delete  
Name: FLORES, JOSE  
Address: 7143 PINECREEK LANE  
City-St-Zip: COCONUT CREEK, FL 33073Title: T ( ) Delete  
Name: SAFON, ANTHONY  
Address: 7116 PINECREEK WAY  
City-St-Zip: COCONUT CREEK, FL 33073**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: T (X) Change ( ) Addition  
Name: CASTILLO, HECTOR  
Address: 7101 PINECREEK LANE  
City-St-Zip: COCONUT CREEK, FL 33073

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

RA

12/22/2008

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