

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011820

**Entity Name:** PINE CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC1434280031**

**Current Principal Place of Business:**

C/O OASIS COMMUNITY MANAGEMENT  
6574 N STATE ROAD 7, #280  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

C/O OASIS COMMUNITY MANAGEMENT  
6574 N STATE ROAD 7, #280  
COCONUT CREEK, FL 33073 US

**FEI Number: 59-3825982**

**Certificate of Status Desired: No**

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

OASIS COMMUNITY MANAGEMENT, INC.  
6574 N STATE ROAD 7, #280  
COCONUT CREEK, FL 33073 US

*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:** LEE H LAZERSON

03/05/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name AMARAL, ARTUR  
Address C/O OASIS COMMUNITY  
MANAGEMENT  
6574 N STATE ROAD 7, #280  
City-State-Zip: COCONUT CREEK FL 33073

Title T/S  
Name FLORES, JOSE  
Address C/O OASIS COMMUNITY  
MANAGEMENT  
6574 N STATE ROAD 7, #280  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name GLANTZIS, NIKOLAOS  
Address C/O OASIS COMMUNITY  
MANAGEMENT  
6574 N STATE ROAD 7, #280  
City-State-Zip: COCONUT CREEK FL 33073

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARTUR AMARAL

**PRESIDENT**

03/05/2018

Electronic Signature of Signing Officer/Director Detail

Date