

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:10

DOCUMENT # 723490 (9)
1. Corporation Name
PINEHURST VILLAGE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1701 PINEHURST RD.
DUNEDIN FL 34698
4175 E BAY DR
3205
CLEARWATER FL 34624
US

3. Date incorporated or Qualified	3a. Date of Last Report
05/24/1972	04/12/1994
4. FEI Number	Applied For
59-1577811	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	29
Zip	Country
30	31

9. Name and Address of Current Registered Agent
STENZEL, RUTH, C
1701 PINEHURST #6A
DUNEDIN FL 34698

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RO LOCKREY, TOM	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1701 PINEHURST RD 17C	1.2 NAME	Jennie Hett
STREET ADDRESS	DUNEDIN FL	1.3 STREET ADDRESS	1701 Pinehurst Rd. 7E
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Dunedin FL
TITLE	RO MORLOCK, CARLA	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1701 PINEHURST RD 24B	2.2 NAME	Pauline Lienert
STREET ADDRESS	DUNEDIN FL	2.3 STREET ADDRESS	1701 Pinehurst Rd. 17A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Dunedin, FL
TITLE	RO PB STENZEL, RUTH C.	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1701 PINEHURST RD 0A	3.2 NAME	Frank Maye
STREET ADDRESS	DUNEDIN FL	3.3 STREET ADDRESS	1701 Pinehurst RD. 21H
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Dunedin, FL
TITLE	D KNOX, RAY	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1701 PINEHURST RD 27D	4.2 NAME	Don Ballard
STREET ADDRESS	DUNEDIN FL	4.3 STREET ADDRESS	1701 Pinehurst Rd. 28A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Dunedin, FL
TITLE	D RIDENOUR, CHARLES BILL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1701 PINEHURST RD 0B	5.2 NAME	
STREET ADDRESS	DUNEDIN FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D WEBER, WILLIAM	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1701 PINEHURST RD 27 F	6.2 NAME	
STREET ADDRESS	DUNEDIN FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth C. Stenzel 1/16/95 (813) 733-4602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Office