


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723490 (9)**

1. Corporation Name  
**PINEHURST VILLAGE, INC.**

Principal Place of Business <b>1701 PINEHURST RD. DUNEDIN FL 34698</b>	Mailing Address <b>% COMMUNITY MGT CONCEPTS 4175 E. BAY DRIVE., SUITE 208 CLEARWATER FL 34624 US</b>
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3. Date Incorporated or Qualified <b>05/24/1972</b>	Applied For Not Applicable
4. FEI Number <b>59-1577811</b>	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BECKER & POLIKOFF  
3111 STIRLING ROAD  
1968 BAYSHORE BLVD  
FORT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HETT, JENNIE</b>
STREET ADDRESS	<b>1701 PINEHURST RD. 7E</b>
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MORLOCK, CARLA</b>
STREET ADDRESS	<b>1701 PINEHURST RD., 24B</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PUCHINSKY, BETTY</b>
STREET ADDRESS	<b>1701 PINEHURST RD., 18E</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RIFE, ROY</b>
STREET ADDRESS	<b>1701 PINEHURST RD 33-E</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FOSTER, MARY</b>
STREET ADDRESS	<b>1701 PINHURST RD 28-B</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SIMMONS, SUNNY</b>
STREET ADDRESS	<b>1701 PINHURST RD 28-C</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>FRANK MAYE</b>
1.3 STREET ADDRESS	<b>1701 PINEHURST RD 21H</b>
1.4 CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>
2.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JIM Mc CORMICK</b>
2.3 STREET ADDRESS	<b>1701 PINEHURST RD 30B</b>
2.4 CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>
3.1 TITLE	<b>DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JAMES KOVACH</b>
3.3 STREET ADDRESS	<b>1701 PINEHURST RD 31F</b>
3.4 CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>
4.1 TITLE	<b>DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>JIM DONLAN</b>
4.3 STREET ADDRESS	<b>1701 PINEHURST RD 21G</b>
4.4 CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>
5.1 TITLE	<b>DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>LILLIAN HESSEL</b>
5.3 STREET ADDRESS	<b>1701 PINEHURST RD 16G</b>
5.4 CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>JACIE CROWIN</b>
6.3 STREET ADDRESS	<b>1701 PINEHURST RD 2A</b>
6.4 CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jennie Hett **JENNIE HETT 3/20/98**

CR2E037 (10/97)