

FILE NOW: FILING FEE IS \$61.25

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**Feb 12 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752653 (6)

1. Corporation Name
PINEHURST TOWNHOMES CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business 3713 EDGEWATER DRIVE SEBRING FL 33872-2035 US	Mailing Address 3713 EDGEWATER DRIVE SEBRING FL 33872-2066 US
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3. Date Incorporated or Qualified 05/28/1980	3a. Date of Last Report 02/21/1996
4. FEI Number 59-2122411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**POPOVICH, SYLVIA
3713 EDGEWATER DRIVE
SEBRING FL 33872**

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	POPOVICH, STEVEN
STREET ADDRESS	3713 EDGEWATER DRIVE
CITY-ST-ZIP	SEBRING FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	KINSLEY, ROBERT
STREET ADDRESS	3705 EDGEWATER DRIVE
CITY-ST-ZIP	SEBRING FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SACHETTI, DONNA
STREET ADDRESS	66 MARGARET ST.
CITY-ST-ZIP	SAULT STE. MARIE ON
TITLE	ST <input type="checkbox"/> DELETE
NAME	KINSLEY, DOROTHY H
STREET ADDRESS	3705 EDGEWATER DRIVE
CITY-ST-ZIP	SEBRING FL
TITLE	QV <input type="checkbox"/> DELETE
NAME	POPOVICH, SYLVIA
STREET ADDRESS	3713 EDGEWATER DR
CITY-ST-ZIP	SEBRING FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert J. Requira **1/8/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054393

CR2E037 (9/96)