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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

752653

Country

25

(6)

## PINEHURST TOWNHOMES CONDOMINIUM OWNERS' ASSOCIAT ION, INC.

3713 EDGEWATER DRIVE SEBRING FL 33872-2035

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23

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Principal Place of Business

Mailing Address

3713 EDGEWATER DRIVE SEBRING FL 33872-2066

2a. Mailing Address

City & State

Zip

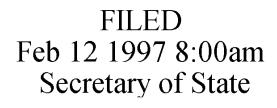
Suite, Apt. #, etc.

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8. This corporation has liability for intangible tax under s. 199.032,

Yes 🔀 No

3a. Date of Last Report 02/21/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

0054393

3. Date Incorporated or Qualified 05/28/1980

59-2122411

5, Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81	Name		
POPOVICH, SYLMA			82	82 Street Address (P.O. Box Number is Not Acceptable)		
3713 EDGEWATER DRIVE						
SEBRING FL 33872			83	1		
			84	City	85 Zip Code	
					FL	
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						
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	POPOVICH, STEVEN		1.2 NAME		·	
STREET ADDRESS	3713 EDGEWATER DRIVE		1.3 STREE	ADDRESS		
CITY-ST-ZIP	SEBRING FL		1.4 CITY-1	ST+ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition	
NAME	KINSLEY, ROBERT		2.2 NAME			
STREET ADORESS	3705 EDGEWATER DRIVE		2.3 STREE	ADDRESS		
CITY-ST-ZIP	SEBRING FL		2. 4 CITY-	\$T-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	SACHETTI, DONNA		3.2 NAME	•		
STREET ADDRESS	66 MARGARET ST.		3.3 STREE	ADDRESS		
CITY-ST-ZIP	SAULT STE. MARIE ON		3.4. CITY-	ST-ZIP		
TITLE	\$T	☐ DELETE	4.1 TITLE		Change Addition	
NAME	KINSLEY, DOROTHY H		4. 2 NAME			
STREET AODRESS	3705 EDGEWATER DRIVE		4.3 STREE	T ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY - ST - ZIP	SEBRING FL		4.4 CITY -	ST-ZIP		
TITLE	QV	DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME (	POPÓVICH, SYLVIÁ	1	5.2 NAME			
STREET ADDRESS	3713 EDGEWATER DR		5.3 STREE	ADDRESS		
CITY-ST-ZIP	SEBRING FL		5.4 CITY-1	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME [			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP	······		6.4 CITY-		<u> </u>	
14. I do 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						

Country

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