FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

23

752653

(6)

PINEHURST TOWNHOMES CONDOMINIUM OWNERS' ASSOCIAT ION, INC.

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Zip

Principal Place of Business Mailing Address 3713 EDGEWATER DRIVE 3713 EDGEWATER DRIVE 3. Date Incorporated or Qualified SEBRING FL 33872-2035 SEBRING FL 33872-2035 <u>05/28/1980</u> 4. FEI Number 59-2122411 28. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired 21 26 Suite, Apt. #, etc. Suile, Apt. #, etc \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association?

Zφ 24 25 9. Name and Address of Current Registered Agent POPOVICH, SYLVIA

3713 EDGEWATER DRIVE SEBRING FL 33872

Τ	10. Name and Address of New Registered Agent						
81	Name						
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
104	City GE Zin Code						

Personal Property Tax due June 30.

FILED

Feb 18 1998 8:00am

Secretary of State

ZYes

8. This corporation owes or has paid the current year Intangible

☐ No

Yes Yes

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

Country

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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 profed carried reported agent and little if applicable (NOTE Registated Agent signature required when reinstating) DATE						
12.	OFFICERS AND I		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 STREET ADORESS			
CITY - ST - ZIP	SEBRING FL		1.4 CITY - ST - ZIP			
TITLE	VD	DELETE	2 1 TITLE	Change Addition		
NAME.	Kinsley, Robert		22 NAME	i		
STREET ADDRESS	3705 EDGEWATER DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL		2. 4 CITY - ST-ZIP			
TITLE	P0	DELETE	3.1 TITLE	Change Addition		
NAME	SACHETTI, DONNA		3.2 NAME			
STREET ADORESS	66 MARGARET ST.		3.3 STREET ADDRESS			
CITY-ST-ZIP	SAULT STE. MARIE ON		3.4. CITY-ST-ZIP			
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME	KINSLEY, DOROTHY H		4. 2 NAME			
STREET ADDRESS	3705 EDGEWATER DRIVE		4.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP			
TITLE	OV	DELETE	5 1 TITLE	☐ Change ☐ Addition		
NAME	POPOVICH, SYLVIA		52 NAME			
STREET ADDRESS	3713 EDGEWATER DR		5 3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL		5.4 CITY-ST-ZiP			
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

14. Thereby 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 suppliemental 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:

Roberthinely

1/19/98(941)471-6026

Applied For Not Applicable

Fee Required

Added to Fees