

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90006 030 ****61.25

0058527

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 752653

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 33872-2035 US
--	--



21 2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/28/1980
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2122411
23 City & State	28 City & State	Applied For Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POPOVICH, SYLVIA 3713 EDGEWATER DRIVE SEBRING FL 33872		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOVICH, STEVEN	1.2 NAME	
STREET ADDRESS	3713 EDGEWATER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINSLEY, ROBERT	2.2 NAME	
STREET ADDRESS	3705 EDGEWATER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHETTI, DONNA	3.2 NAME	PD HANEGRAAF, MARY
STREET ADDRESS	66 MARGARET ST.	3.3 STREET ADDRESS	3709 EDGEWATER DR.
CITY-ST-ZIP	SAULT STE. MARIE ON	3.4 CITY-ST-ZIP	SEBRING FL
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	QV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOVICH, SYLVIA	5.2 NAME	
STREET ADDRESS	3713 EDGEWATER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Sylvia Popovich* **SIGNATURE REQUIRED** 1/2/99 941-471-6026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)