

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90373 011 ****61.25

DOCUMENT # 752653

1. Entity Name

PINEHURST TOWNHOMES CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3713 EDGEWATER DRIVE
 SEBRING FL 33872-2035
 US**

**3713 EDGEWATER DRIVE
 SEBRING FL 33872-2035
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2122411

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Ruth K. Davis, Inc

Street Address (P.O. Box Number is Not Acceptable)

1981 US 27 South

Sebring, Fl. 33870

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Ruth K. Davis, Inc. By its President Ruth K. Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POPOVICH, STEVEN	
STREET ADDRESS	3713 EDGEWATER DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KINSLEY, ROBERT	
STREET ADDRESS	3705 EDGEWATER DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAGELE, PAUL	
STREET ADDRESS	3717 EDGEWATER DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KINSLEY, DOROTHY H	
STREET ADDRESS	3705 EDGEWATER DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	QV	<input checked="" 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORAN, NED	
STREET ADDRESS	3715 EDGEWATER DR	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACCHETTI, DONNA	
STREET ADDRESS	3701 EDGEWATER DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Hagele*

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Hagele

Date

Daytime Phone #

4-12-02

CR2E037 (9/01)