


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90028 001 ****61.25

DOCUMENT # 752653			
1. Entity Name PINEHURST TOWNHOMES CONDOMINIUM OWNERS' ASSOCIATION, INC.			
Principal Place of Business 3705 EDGEWATER DRIVE SEBRING, FL 33872 US		Mailing Address 3705 EDGEWATER DRIVE SEBRING, FL 33872 US	
2. Principal Place of Business 3717 EDGEWATER DR.		3. Mailing Address 1556 ALLEN LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SEBRING, FLORIDA		City & State ST. CHARLES, ILLINOIS	
Zip 33872	Country USA	Zip 60174	Country USA
6. Name and Address of Current Registered Agent KINSLEY, DOROTHY H 3705 EDGEWATER DRIVE SEBRING, FL 33872		7. Name and Address of New Registered Agent Name PAUL L. HEGELE Street Address (P.O. Box Number is Not Acceptable) 1556 ALLEN LANE 3717 EDGEWATER DRIVE City SEBRING, FL Zip Code 60174 33872	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Paul L. Hegele</i> PAUL L. HEGELE 1/23/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KINSLEY, DOROTHY 3705 EDGEWATER DRIVE SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEGELE, PAUL 1556 ALLEN LANE ST. CHARLES, IL 60174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORAN, NED 3715 EDGEWATER DR SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAGGIT, ROBERT 3707 EDGEWATER DR SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDIN, CHARLES 1072 ANDOVER FOREST DRIVE LEWINGTON, KY 40509 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Paul L. Hegele</i> PAUL L. HEGELE		Date	1/23/06 630-584-2408
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2122411 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required