


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 752653

1. Entity Name
PINEHURST TOWNHOMES CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business 3717 EDGEWATER DR SEBRING, FL 33872 US	Mailing Address 1556 ALLEN LN SAINT CHARLES, IL 60174 US
--	--

DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2122411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEGELE, PAUL L
3717 EDGEWATER DR
SEBRING, FL 33872**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000589180
01/18/07-80005-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HEGELE, PAUL 1556 ALLEN LN SAINT CHARLES, IL 60174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DORAN, NED 3715 EDGEWATER DR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARDIN, CHARLES 1072 ANDOOVER FOREST DR LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Paul L. Hegele* **1/12/07** **630-584-2408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

630-346-6593 *CELL*

PAUL L. HEGELE