

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769431 (8)**  
1. Corporation Name  
**PINEHURST ASSOCIATION, INC.**



Principal Place of Business: **7290 ELEANOR CIR. SARASOTA FL 34243 US**  
Mailing Address: **7290 ELEANOR CIR. SARASOTA FL 34243 US**

3. Date Incorporated or Qualified: **07/18/1983**  
3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business: **21 7311 ELEANOR CIR SARASOTA, FL**  
2a. Mailing Address: **26 7311 ELEANOR CIR. SARASOTA, FL**  
22. City & State: **SARASOTA, FL**  
23. City & State: **SARASOTA, FL**  
24. Zip: **34243** 25. Country: **US**  
29. Zip: **34243** 30. Country: **US**

4. FEI Number: **65-0156104**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CHAPMAN, W. B  
7290 ELEANOR CIR.  
SARASOTA FL 34243**

10. Name and Address of New Registered Agent  
81 Name: **Joseph Mezzatesta**  
82 Street Address (P.O. Box Number is Not Acceptable): **7311 ELEANOR CIR.**  
84 City: **SARASOTA** 85 Zip Code: **FL 34243**

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: *Joseph Mezzatesta* **Joseph Mezzatesta - Pres/DIRECTOR/Treas.** **07/08/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LORGE, CHERYL</b>	
STREET ADDRESS	<b>7307 ELEANOR CIR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MEZZATESTA, JOSEPH</b>	
STREET ADDRESS	<b>7311 ELEANOR CR</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>PP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHAPMAN, W. B</b>	
STREET ADDRESS	<b>7290 ELEANOR CIRCLE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, MARJORIE</b>	
STREET ADDRESS	<b>7292 ELEANOR CIR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRADES, JEROLD</b>	
STREET ADDRESS	<b>4558 DEL SOL BLVD.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEIN, JOAN</b>	
STREET ADDRESS	<b>7288 ELEANOR CIR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DONALD FISHER</b>	
1.3 STREET ADDRESS	<b>6936 COUNTRY LAKES CIR</b>	
1.4 CITY-ST-ZIP	<b>SARASOTA, FL 34243</b>	
2.1 TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MEZZATESTA, JOSEPH</b>	
2.3 STREET ADDRESS	<b>7311 ELEANOR CIR</b>	
2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34243</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Joseph Mezzatesta* **Joseph Mezzatesta** **07/08/96** **904-487-2460**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)