

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD FISHER	
1.3 STREET ADDRESS	6936 COUNTRY LAKES CIR	
1.4 CITY-ST-ZIP	SARASOTA, FL 34243	
2.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MEZZATESTA, JOSEPH	
2.3 STREET ADDRESS	7311 ELEANOR CIR	
2.4 CITY-ST-ZIP	SARASOTA, FL 34243	
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)