


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 07 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769431 (8)

1. Corporation Name
PINEHURST ASSOCIATION, INC.



Principal Place of Business 7311 ELEANOR CIRCLE SARASOTA FL 34243 US	Mailing Address 7311 ELEANOR CIRCLE SARASOTA FL 34243 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1983	3a. Date of Last Report 07/26/1996
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21. Principal Place of Business Sulte, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address Sulte, Apt. #, etc. 27. City & State 28. Zip Country
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4. FEI Number 65-0156104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MEZZATESTA, JOSEPH
7311 ELANOR CIRCLE
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LORGE, CHERYL
STREET ADDRESS	7307 ELEANOR CIR.
CITY-ST-ZIP	SARASOTA FL
TITLE	PTD <input type="checkbox"/> DELETE
NAME	MEZZATESTA, JOSEPH
STREET ADDRESS	7311 ELEANOR CR
CITY-ST-ZIP	SARASOTA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	DISHER, DONALD
STREET ADDRESS	6936 COUNTRY LAKES 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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LORGE, GREG
1.3 STREET ADDRESS	7307 ELEANOR CIR
1.4 CITY-ST-ZIP	SARASOTA FL 34243
2.1 TITLE	TD <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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FISHER, DONALD
3.3 STREET ADDRESS	6936 COUNTRY LAKES CIRCLE
3.4 CITY-ST-ZIP	SARASOTA, FL 34243
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ **SIGNATURE REQUIRED** 8/4/97 850-487-2460

CR2E037 (4/97)