

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra 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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3. Date Incorporated or Qualified
07/18/1983

4. FEI Number
65-0156104

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 5899 Whitfield Avenue
22 City & State	27 Suite 107
23 Zip	28 Sarasota FL
25 Country	29 34243
	30 USA

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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
Advanced Management of Southwest Florida, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
5899 Whitfield Avenue, Suite 107

83

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:  DATE: _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORGE, GREG	1.2 NAME	
STREET ADDRESS	7307 ELEANOR CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEZZATESTA, JOSEPH	2.2 NAME	
STREET ADDRESS	7311 ELEANOR CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISHER, DONALD	3.2 NAME	FISHER, DONALD
STREET ADDRESS	6936 COUNTRY LAKES CIRCLE	3.3 STREET ADDRESS	(Spelling Name)
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MARJORIE	4.2 NAME	STD
STREET ADDRESS	7292 ELEANOR CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADES, JEROLD	5.2 NAME	
STREET ADDRESS	4558 DEL SOL BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 as an attachment with an address.

SIGNATURE:  **REQUIRED**

CR2E037 (10/97)